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PROCEEDINGS OF THE  
THIRTEENTH ANNUAL CONVENTION  
OF THE  
Nurses' Associated Alumnae  
of the United States

HELD AT  
MENDELSSOHN HALL  
NEW YORK CITY

May 19th and 20th, 1910

## HONORARY MEMBERS

FLORENCE NIGHTINGALE  
MRS. WINTHROP COWDIN

MRS. BAYARD CUTTING  
MRS. WHITELAW REID

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SURGEON MIDDLETON S. ELLIOTT, U. S. Navy

DOCTOR WILLIAM H. WELCH, Maryland

## MEMBERSHIP OF THE NURSES' ASSOCIATED ALUMNÆ

|                                                |     |
|------------------------------------------------|-----|
| Number of Alumnae Associations associated..... | 141 |
| Number of State Associations affiliated.....   | 31  |
| Number of County Associations affiliated.....  | 13  |
| Number of City Associations affiliated.....    | 8   |

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Total..... 193

|                                                                             |     |
|-----------------------------------------------------------------------------|-----|
| Alumnae Associations represented by delegates.....                          | 96  |
| State Associations represented by delegates.....                            | 28  |
| County Associations represented by delegates.....                           | 9   |
| City Associations represented by delegates.....                             | 6   |
| Total number of delegates in attendance.....                                | 214 |
| Number of graduate nurses registering as visitors (aside from delegates) .. | 266 |

# THE PROCEEDINGS OF THE THIRTEENTH ANNUAL CONVENTION

NEW YORK, N. Y., MAY 19 AND 20, 1910

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*Thursday, May 19, 1910*

## MORNING SESSION

THE meeting was called to order at 9.55 A.M. in Mendelssohn Hall, by the president, Miss Delano, who called upon the Reverend Henry Sloan Coffin, D.D., of the Madison Avenue Presbyterian Church, to pronounce the invocation.

The president then introduced the superintendent of Mount Sinai Hospital, Dr. Sigismund S. Goldwater, who welcomed to New York City the nurses who had come to the convention.

## ADDRESS OF WELCOME

No words of mine can add to the warmth of the feeling or the sincerity of the sentiment with which New York welcomes your organization as a temporary addition to the life of the city. Your mission is not only to advance the interests of your members; it is also to promote the efficiency of a profession whose activities tend to lighten some of the heaviest burdens which men are called upon to bear. Whatever you gain in knowledge and power, whatever improvement you introduce in the method of your work, brings new benefits to all. New York will follow with cordial sympathy the labors of this convention, standing ready to support, with a feeling of common interest, whatever part of your plans may need the helping-hand of a great community.

Our city is one of great power, of splendid resources, of notable achievement in all the arts and graces of civilization; but it is equally a place of weighty and unsolved problems; of massed poverty, disease, and degradation; of arduous, and not always successful effort for social betterment. In its effort to apply the knowledge which the medical sciences have made available, in its struggles to relieve the sick, to promote hygiene, to spread the gospel of social responsibility and social reform, it is largely dependent upon the character, the intelligence, and the training of nurses. Physicians, philanthropists, and the public

generally, cannot fail to be conscious of this dependence, and with this consciousness there is necessarily associated a sense of gratitude for the services already rendered.

The era upon which we are entering is often spoken of as the age of preventive medicine. It will be most creditable to the present generation if historians, in the retrospect, accept the term as one properly applicable to the period. It is certain, at any rate, that much of the wisdom, the wealth, the energy, and the good-will of the present and of the rising generation, will seek an outlet in the field of hygiene. What does this signify to the medical profession and to nurses? To my mind it signifies the gradual shifting to your shoulders of much of the responsibility for dealing with disease which now rests upon the medical profession.

For the work of research in the medical sciences for the purposes of clinical diagnosis, of experimental and practical therapeutics for the discovery of the principles of preventive medicine, there are needed the arduous scientific training, the advanced and specialized thought and knowledge of the physician; but the principles of preventive medicine, once established, are relatively simple in their application. As the task of the hour becomes less that of abstruse thought and difficult investigation, and more that of practical hygienic effort, the relative need of the physician decreases, while the need and the value of such services as nurses may be trained to render, increase. This tendency finds its practical expression in the extension of the nurse's occupation from the bedside of the sick to a wider region beyond,—to the admitting office and the discharging office of the hospital, to the dispensary, the day-camp, the tenement home, to the school, the factory, the milk station, and the social settlement. There follows, of necessity, a recognition of the fact that for this newer work the hospital school of nursing affords no adequate training. Additional means of instruction are required, in furnishing which it is the happy privilege of New York to take the lead.

There are two things in connection with the movement for the extension of the nursing field which it is worth while to keep in mind. The first is, that all nurses are not temperamentally or intellectually adapted for all or for any part of the new work that cries out for attention. There is no cause for regret in this, because the older function of ministering to the sick at the bedside cannot and should not be abandoned. Its old value remains; it has lost none of the attractiveness which it has always had for a certain type of woman, whose devotion to the ideal of personal service imparts a spiritual

grace to whatever she undertakes in this kind. And as an honorable means of livelihood, nursing, in the sense in which the world generally understands it, continues to attract many who bring to it that sense of duty which alone can give stability to the institutions upon which civilization rests. I am sure that what I say voices the sentiment of your own leaders, for the program of this convention deals largely with matters of nursing in the old-fashioned sense,—with those forms of effort which have won for your profession the love and respect of everybody, and which make New York feel honored in receiving you to-day.

The second thought that I wish to suggest is, that while the nurse who enters enthusiastically upon one or another form of the newer varieties of social service is more than likely to add to the total of human happiness, she, more than those who are committed to the simple and less conspicuous forms of endeavor, needs to be on her guard against the faults of personal pride, of hasty and censorious judgment, and of unwarranted belief in the easy accomplishment of genuine and lasting social reforms.

It requires no great gift of courage to enter upon the battle for social reform when our generous impulses are aroused, when friends applaud, when hope so pervades the air that the adoption of a program of reform seems equivalent to its successful accomplishment. At such a moment no other occupation seems as noble, no mere domestic obligation as worthy, no homelier effort as brave. Now, while I firmly believe that the work of nurses in the field of preventive medicine is destined to accomplish, directly and indirectly, as much as any other single force in correcting those evils in our social organization for the removal of which we are in honor bound to strive, I do not believe that every woman who undertakes to do district nursing, or any similar form of work, is thereby transformed at once into a true philosopher, a gifted prophet, or a safe guide for mankind; nor do I believe that those who are simply carried away by the novelty of the situation, and who are not at all moved by a deep-rooted desire to do God's work in the world, will be rewarded by seeing their efforts crowned with success. It will take many years, perhaps many generations, to achieve what some of the reformers of the day so light-heartedly promise under such mottoes as "No Poverty, No Preventable Disease, No Crime in 1920." The world is not to be made over as easily as all that, and disillusionment and disappointment are in store for those who believe that we have only to look into the sky to see the angel of our physical and moral salvation approaching. And yet, while other occupations may be as

good, I am sure that there is none better, none worthier of emulation and support, than that of the woman who, with humble and patient faith in the power of human effort, dedicates her life to the battle against disease, and determines to stand, to the end of the chapter, for the right of the children of the poor to live, to grow into healthy manhood and womanhood, and to share in the sweetness and light of the world. There are those among you who have entered upon this struggle for the uplifting of the race, and to you, especially, New York turns in hope, in trust, in grateful appreciation.

### RESPONSE

MISS McISAAC.—As one of the charter members of this society I was asked to respond to the hospitable welcome given by Dr. Goldwater to the nurses to New York, which is a great pleasure and privilege. I am sure we all feel that to come to New York is in itself a pleasure, a delight, and an education; when coupled with all that, the hospitality, the affection, and the devotion of the nurses, and every one interested in nursing, makes possible such a splendid meeting as we had last night (the Nightingale Commemoration), I am sure it is a red letter day in the lives of every individual, as well as a milestone that marks a very important historical epoch of the world.

It is not only the city of New York that appeals to us and ties up and binds our heart-strings, but it is because the founders of our association came from here. A great many of our laborers, the first women who worked for us, who made it possible for us to meet together under such conditions as these, were New York women; and it was here that the preliminary work was done to organize this society. It was here that the first meetings were held. Consequently we have a very warm spot in our hearts for New York.

This is our first gathering since Mrs. Robb's tragic death, and we cannot help realizing our irreparable loss. New York is one of the first places in the country to give a fitting tribute to one who did so much for us. We are very glad and very happy to be here and hope to behave so well that they will ask us to come again.

THE PRESIDENT.—It is only by the merest chance that Miss McIsaac is not sitting in my place. We hoped last year that she would be our president this year, and I have a little grudge against the Chicago schools, which demanded so much of Miss McIsaac's time for writing a text-book on hygiene that she deserted us. So it seemed most fitting that she should respond to this cordial address of welcome.

Roll-call, by the secretary.

THE PRESIDENT.—The roll-call of this association always seems to me a most impressive affair. We never quite realize our size nor how far-reaching are our affiliations until we come here and hear this splendid roll.

There is always a little sadness in the roll-call when there are some absent. Absent to-day is Miss Annie Damer, who was for six years president of this association; also Miss Palmer, the editor of the *AMERICAN JOURNAL OF NURSING*, who is known from one end of the country to the other in connection with that work,—both detained on account of illness. I think it would be a most gracious thing for this society later to send our wishes for a speedy recovery of those two women.

The sudden death of one of our members has cast a gloom over all the proceedings of this week; and it seems fitting at the beginning of our own convention that we should pay tribute to Mrs. Isabel Hampton Robb. Her work as a superintendent, as you have been told in the meetings of the two days previous, was in the Illinois Training School for Nurses and the Johns Hopkins School for Nurses. We have asked Miss Bean, of the Johns Hopkins School, to say a few words in regard to the work of Mrs. Isabel Hampton Robb in Baltimore.

MISS BEAN.—It is a great privilege to say anything about Mrs. Robb. I wish I could say something adequate, but it is not possible. Mrs. Robb was a great woman. She was one of the greatest we shall ever know as a nurse. She was a nurse, and she said, "once a nurse always a nurse." She was eminently endowed as a nurse, she was eminently endowed as a woman, and she did whatever she was called upon to do to the very fullest. She had a remarkable enthusiasm, she had a remarkable intuition, and a wonderful grasp of not only what was before her, but what might be coming. And I think we must remember that about her, her beautiful, wonderful enthusiasm and the way she knew what we should need. Mrs. Robb knew we should grow. I think we know we shall grow. She had the spirit that will animate us and will help us and she knew in her work that the nurse needed to be educated. The first paper she read, I understand, was on the "Standards of Education." She knew that we could not practically apply what we did not remember and know, and that she always maintained.

You know where her work lay; you have been told; that is, where her earlier work lay, before she took up other duties in the Illinois Training School for Nurses and the Johns Hopkins School for Nurses. But her work after she left that and a few years after her marriage became known to all the nurses in America and all nurses everywhere, and whatever she did she came back to nursing, and it was her great pride and great pleasure.

This Association grew out of the Superintendents' Society and of a paper that was read by Mrs. Robb. She was always interested. She

knew about what was being done and she advised when the nurses met together to organize. Mrs. Robb was made the first president and held the office for the first five years, so she must have had a great deal to do with our organization and with the first principles that were applied and with the scope of the work, and she wanted to draw all the nurses of the country closer together, unite us in one common aim, a high aim; an aim that would make us always grow as the work grew, as the needs grew in the country that would insist upon a very high standard of education, that would put nurses before the public in the place nurses deserved to have, that would make the medical profession see what the nurse might do, that would help the public to see what the nurse might do and how much the public needs the nurse, the nurse of the right kind only; that is, not the nurse who is doing the work for her own sake; although when one does work for her own sake, in the best sense of the term, one does it for one's ideals, that is the efficient work for the public; but we must also do it in a spirit of disinterested helpfulness.

We deal with sick people, or the profession of illness; and those are very grave problems and we should only meet them with the highest, finest, noblest spirit. Mrs. Robb had that and she had a very deep interest in the work. We must have that. It is too serious to do it without that joy that comes from any work that is well done and into which we put our hearts, our minds, and all our talents, and all ourselves. I know Mrs. Robb would appreciate all that have come out to honor the memory of her name. We should all feel what we have lost. We have lost the charming presence, the beautiful personality of Mrs. Robb, but we have not lost her spirit and we have not lost the ideals, the visions, and the ability to do the work that gave her so much pleasure and that she has left us to-day.

The president asked some one to speak of Mrs. Robb's work in the Illinois Training School.

MISS McMILLAN.—I am a graduate of the Illinois Training School, and so I feel that I can respond though in a very inadequate way. We certainly cannot allow our school to be unrepresented. The Illinois Training School grieves the loss of Mrs. Robb. It feels honored by the connection of Mrs. Robb with the school, and it hopes that it is carrying out the principles of her teaching. I ask Miss Nutting to pay a tribute to Mrs. Robb's memory in the cause of the middle west, where we always honored her name.

MISS NUTTING.—The question is asked me just now and not one moment to think on it, but after all it ought not to take one moment's thought, especially from one who lived for twenty years closely beside

her, knew her plans and knew her ideals and in spirit was with her in all she undertook to carry out.

I remember well when she came back from Chicago, from the place there where the Superintendents' Society was formed, and with what delight she told of the women, twenty-five or thirty, who gathered together to form their first nurses' society in this country. I know well what they thought would be the outcome of that society. I know how she followed the association year after year, and I have always been deeply grieved that she did not become the first president of that society. However, she was one of the first members of the council. She was present at all its conferences. She attended every meeting she could get to, and she knew fully the need of a strong body of teachers and directors. She grieved when our society did not fully fulfil its mission and develop its possibilities, and she was glad when it seemed to be growing stronger and doing better and better work. I think she would approve, were she here now, of the work we are trying to do in the Associated Alumnae, that was always from the very beginning a part of the plan.

And I should pay tribute also to one who was working with Mrs. Robb even closer than I, and that was Miss Dock, whom we all know and love. Miss Dock and Mrs. Robb used to sit together evening after evening, talking over this plan. Miss Dock helped plan what Mrs. Robb was trying to bring about. I remember, too, that masterly paper that Mrs. Robb produced on the subject of associations, which should be read and studied with profit to-day, that was presented in Philadelphia fourteen years ago, following which the committees were appointed which brought this body into being. Mrs. Robb was, as Miss Bean has said, the first president, and I remember when she was appointed.

It did not exalt her at all. She went back in her sitting-room and closed the door and she did what President Roosevelt is said to have done when he learned of the overwhelming majority by which he had been elected president. She sat down and put her face into her hands and cried and she said, "I cannot do it." But she did do it. And that spirit of humility, that of approaching her work with the full consciousness of the tremendous possibilities, I think was one of the secrets of her power; not in a spirit of great confidence or arrogance, or feeling that she was president of this or that, but with a spirit of deep humility, praying that she might have the strength and power to do her work.

In her spirit, then, let us go out and do the work before us. We can well approach our problems with deep humility. They are great.

I think I can repeat that no body of women have had greater. We need the support of the entire community in doing it; and I think if we do it, what Mrs. Robb has done will be largely instrumental in bringing it about.

**THE PRESIDENT.**—We have only recently heard of the death of Miss Elizabeth Upjohn, graduate of St. Luke's Hospital, Utica, New York, and for some years connected with the tuberculosis work in Boston. She died at sea on the 4th of May. I will ask the secretary to read a tribute which came from her co-workers.

### IN MEMORIAM

IN a first report on tuberculosis work of particular interest to nurses at large, it is fitting to say a word in memory of a member of the original tuberculosis committee appointed in 1909, one of the pioneer nurses in the tuberculosis work in the United States, Elizabeth P. Upjohn, graduate of St. Luke's Hospital, Utica, and late Superintendent of Nurses in the Boston Consumptives' Hospital Out-Patient Department, who died at sea May 4, 1910. Of frail physique, but indomitable courage and unbounded enthusiasm, she was a daily inspiration to the nurses who worked for her, a loyal friend to those who shared her friendship, and a tireless champion of the patients whom she served. Although for years a sufferer from an incurable disease, none but her most intimate friends knew this and even they did not appreciate that underneath a happy and infectious joyous exterior was concealed all outward evidence of acute suffering. Faithful in all things, large and small, she sacrificed her life to the work in which she was most interested. The nursing profession at large has lost a warm advocate; her nurses, a leader whom it will be impossible to replace. Her work will go on well, for it was splendidly organized, but only those who worked with her can appreciate what her loss means to the countless sufferers from tuberculosis to whom nurses will minister. Only one whose love and faith and sympathy were unbounded could give as she gave, and her nurses are grateful indeed for the privilege of having known and worked for a woman who fought so nobly her part in the campaign against tuberculosis.

EDNA L. FOLEY,  
Chairman, Tuberculosis Nursing Committee.

### REPORT OF THE EXECUTIVE COMMITTEE

Four meetings of the Executive Committee were held—one in Minneapolis, one in Cleveland, and two in New York City.

At the meeting in Minneapolis, the number of members of the committee

was increased to seven, in order that the different sections of the country might be more largely represented. Committees were appointed according to by-laws.

There were four special committees appointed, as authorized by the association, namely, District Nursing, Tuberculosis Nursing, Nursing of the Insane, and Reorganization.

In October, 1909, upon request of the War Relief Board, candidates were nominated to serve on the Red Cross Nursing Service Committee.

Applications for membership from Alumnae Associations, 9.

Alumnae Associations admitted were as follows: German Hospital Alumnae of San Francisco, Blessing Hospital Alumnae of Quincy, Ill., Louisville City Training School Alumnae, Trinity Hospital Alumnae of Milwaukee, Wis. One received too late to be considered.

Applications for affiliation from state, county, and city associations, 7. Accepted: West Tennessee Graduate Nurses' Association, Wisconsin State Nurses' Association, Louisiana State Nurses' Association, Graduate Nurses' Association of Dayton and vicinity, Philadelphia Club for Graduate Nurses, Graduate Nurses' Association of St. Louis. One received from a county association too late for consideration.

Your Executive Board respectfully recommends that the combined offices of secretary and inter-state secretary be divided, and a salary be allowed the inter-state secretary; furthermore, that the secretary receive such a salary as the funds of the association will allow.

Respectfully submitted,

AGNES G. DEANS,  
Secretary.

## REPORT OF THE TREASURER FOR THE YEAR 1909-10

### RECEIPTS

|                                                        |                 |
|--------------------------------------------------------|-----------------|
| Cash balance on hand, April 30, 1909—General Fund..... | \$784.70        |
| Cash balance on hand, April 30, 1909—Journal Fund..... | 88.00           |
| Initiations .....                                      | \$25.00         |
| Alumnae association dues.....                          | 1140.50         |
| State association dues.....                            | 140.00          |
| City and county association dues.....                  | 75.00           |
| Interest, reports, etc. ....                           | 27.45           |
|                                                        | <hr/> \$1407.95 |

### CONTRIBUTIONS TO THE AMERICAN JOURNAL OF NURSING PURCHASE FUND:

|                                                       |         |
|-------------------------------------------------------|---------|
| Silver collection, annual meeting, 1909.....          | \$73.00 |
| Five delegates from St. Luke's Hospital, Chicago..... | 2.50    |
| E. M. Ellis .....                                     | 5.00    |
| Miss Bishop .....                                     | 5.00    |
| Florence Thompson .....                               | 10.00   |
| Old Dominion Hospital Alumnae Association.....        | 30.00   |
| E. F. Sherman .....                                   | 5.00    |
| Graduate Nurses' Association of Texas.....            | 75.00   |
| Elizabeth Hanson .....                                | 5.00    |
| Mary S. Gardner .....                                 | 10.00   |

|                                                                            |         |
|----------------------------------------------------------------------------|---------|
| M. Helena McMillan .....                                                   | \$25.00 |
| St. Luke's Hospital Alumnae Association, St. Paul.....                     | 15.00   |
| Anna Davids .....                                                          | 5.00    |
| Ella J. Goodrich .....                                                     | 25.00   |
| Ellen V. Robinson .....                                                    | 25.00   |
| Dorothea McDonald .....                                                    | 10.00   |
| Genevieve Cook .....                                                       | 5.00    |
| National Homœopathic Hospital Alumnae Association.....                     | 25.00   |
| Jane A. Delano .....                                                       | 25.00   |
| S. Margaret Thomas .....                                                   | .50     |
| Michael Reese Hospital Alumnae Association.....                            | 55.00   |
| Mercy Hospital Alumnae Association.....                                    | 50.00   |
| Memorial Hospital Alumnae Association, Richmond.....                       | 25.00   |
| Memorial Hospital Alumnae Association, honorary member..                   | 5.00    |
| Mary Scarlet .....                                                         | 1.00    |
| L. E. Longstaff .....                                                      | .50     |
| Graduate Nurses' Association of Cleveland.....                             | 25.00   |
| Missouri State Nurses' Association.....                                    | 50.00   |
| Georgia M. Nevins .....                                                    | 25.00   |
| Florence Grand .....                                                       | .50     |
| Mary Hutchinson .....                                                      | .50     |
| Rebecca Wood .....                                                         | .50     |
| Jessie Cavins .....                                                        | .50     |
| Margaret Ainslie .....                                                     | .50     |
| Mollie Hoge .....                                                          | .50     |
| Grace Runkle .....                                                         | .50     |
| Mary Hill .....                                                            | .50     |
| Martha M. Hirth .....                                                      | 1.00    |
| Mrs. Leonora Haig .....                                                    | .50     |
| Augusta North .....                                                        | .50     |
| H. B. Monteeth .....                                                       | .50     |
| Oregon State Nurses' Association.....                                      | 50.00   |
| New York Hospital Alumnae Association.....                                 | 100.00  |
| Ohio State Graduate Nurses' Association.....                               | 50.00   |
| St. Mary's Hospital Alumnae Association.....                               | 15.00   |
| Mrs. E. Baldwin Lockwood.....                                              | 5.00    |
| St. Joseph's Hospital Alumnae Association, St. Paul.....                   | 20.00   |
| Garfield Memorial Hospital Alumnae Association.....                        | 25.00   |
| Long Island College Hospital Alumnae Association.....                      | 50.00   |
| Indiana State Nurses' Association .....                                    | 25.00   |
| Nineteen individual members, Indiana State Nurses' Association .....       | 10.00   |
| Alumnae Association of the Norton Infirmary.....                           | 25.00   |
| Boston City Hospital Alumnae Association.....                              | 50.00   |
| University of Maryland Hospital Alumnae Association.....                   | 25.00   |
| Alumnae Association of Roosevelt Hospital Training School for Nurses ..... | 100.00  |
| Battle Creek Sanitarium Hospital Alumnae Association.....                  | 50.00   |
| Sarah Odell Travis .....                                                   | .50     |

|                                                          |         |
|----------------------------------------------------------|---------|
| Hope Hospital Alumnae Association.....                   | \$15.00 |
| West Virginia State Nurses' Association.....             | 50.00   |
| Hartford Hospital Alumnae Association .....              | 25.00   |
| St. Barnabas Hospital Alumnae Association, Minn. ....    | 25.00   |
| Anna C. Maxwell .....                                    | 25.00   |
| San Francisco County Graduate Nurses' Association.....   | 100.00  |
| A. E. Brobson .....                                      | .50     |
| Lakeside Hospital Alumnae Association, Cleveland.....    | 50.00   |
| Pauline Doliver .....                                    | 25.00   |
| Minnie G. Watt .....                                     | .50     |
| Mary A. MacKenzie .....                                  | 1.00    |
| Fantine Pemberton .....                                  | 1.00    |
| Brooklyn Homœopathic Hospital Alumnae Association.....   | 25.00   |
| St. Joseph's Hospital Alumnae Association, St. Paul..... | 5.00    |
| Minnesota State Graduate Nurses' Association.....        | 50.00   |
| Emma Holmes .....                                        | 1.00    |
| Gertrude Montford .....                                  | 1.00    |
| Susan B. Johnson .....                                   | .50     |
| H. ....                                                  | 5.00    |
| E. T. Woods .....                                        | 1.00    |
| Evelyn L. Millay .....                                   | .50     |
| Margaret Wylie .....                                     | .50     |
| Anonymous .....                                          | 1.00    |
| A. E. Brobson .....                                      | .50     |
| Nebraska State Nurses' Association.....                  | 50.00   |
| Wesley Hospital Alumnae Association.....                 | 25.00   |
| Janet G. Grant .....                                     | 10.00   |
| New York Post-Graduate Hospital Alumnae Association...   | 75.00   |
| Mrs. M. Irene Moyer.....                                 | 10.00   |
| Louise K. Rudolph .....                                  | 2.00    |
| Wilhelmenia Koeckert .....                               | 1.00    |
| Los Angeles County Nurses' Association.....              | 100.00  |
| Rose A. Suffern .....                                    | 1.00    |
| Jane L. Carter .....                                     | .50     |
| Anonymous .....                                          | 1.00    |
| Brooklyn Hospital Alumnae Association.....               | 100.00  |
| Marie S. Goettler .....                                  | 1.00    |
| Nurses' Alumnae of Jackson Sanitarium.....               | 25.00   |
| St. Luke's Hospital Alumnae Association, St. Louis.....  | 50.00   |
| California Hospital Alumnae Association.....             | 50.00   |
| B. ....                                                  | 5.00    |
| D. ....                                                  | 1.00    |
| Danville Nurses' Club, Virginia.....                     | 5.00    |
| Iowa State Association of Registered Nurses.....         | 56.50   |
| New Jersey State Nurses' Association.....                | 25.00   |
| Margaret J. Thompson, R.N. ....                          | 5.00    |
| E. G. Sahrock .....                                      | 2.00    |
| Frances A. Myles .....                                   | 2.00    |
| Elizabeth A. Kellan .....                                | 1.00    |

|                                                           |           |
|-----------------------------------------------------------|-----------|
| Rochester City Hospital Alumnae Association.....          | \$25.00   |
| Katharine E. V. Hope and Julia W. Montanye.....           | 3.00      |
| Graduate Nurses' Association of Lafayette.....            | 10.00     |
| Mary M. Roulson .....                                     | 1.00      |
| Hospital of the Good Samaritan Alumnae Association.....   | 50.00     |
| Asbury Methodist Episcopal Hospital Alumnae Association.. | 25.00     |
|                                                           | <hr/>     |
|                                                           | \$2351.50 |
|                                                           | <hr/>     |
|                                                           | \$4632.15 |

In addition to the above, gifts of AMERICAN JOURNAL OF NURSING stock as follows:

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| Rochester Homœopathic Hospital Alumnae Association.....         | 1 share  |
| New York Hospital Alumnae Association.....                      | 1 share  |
| Methodist Episcopal Hospital Alumnae Association, Brooklyn..... | 1 share  |
| Illinois Training School Alumnae Association.....               | 2 shares |
| Massachusetts General Hospital Alumnae Association.....         | 1 share  |
| Presbyterian Hospital Alumnae Association, Philadelphia.....    | 1 share  |
| St. Luke's Hospital Alumnae Association, Chicago.....           | 1 share  |
|                                                                 | <hr/>    |
| Value.....                                                      | \$800.00 |

#### DISBURSEMENTS

##### EXPENSE OF ANNUAL MEETING, 1909:

|                                  |          |
|----------------------------------|----------|
| Badges .....                     | \$14.95  |
| Expenses of officers .....       | 226.35   |
| Printing .....                   | 37.85    |
| Stenographer .....               | 133.20   |
| Report of meeting published..... | 465.00   |
|                                  | <hr/>    |
|                                  | \$877.35 |

##### MISCELLANEOUS:

|                                                                                                |          |
|------------------------------------------------------------------------------------------------|----------|
| Expense of Nominating Committee.....                                                           | \$15.05  |
| Expense of Executive Committee.....                                                            | 225.90   |
| Salary, Agnes G. Deans.....                                                                    | 100.00   |
| Stationery and postage. ....                                                                   | 59.09    |
| Dues National Association for Prevention of Tuberculosis..                                     | 5.00     |
| Dues American Federation of Nurses.....                                                        | 15.00    |
| Expense of Red Cross Committee.....                                                            | 20.75    |
| Auditor, 1908-09 .....                                                                         | 6.00     |
| Stenographer ½ and for Federation Meeting.....                                                 | 36.00    |
| Copies certificates incorporations .....                                                       | 3.50     |
| Interest on JOURNAL stock.....                                                                 | 18.00    |
| Expense of Tuberculosis Committee.....                                                         | 3.80     |
| Long Island Trust Co. safe deposit box.....                                                    | 5.00     |
| Expense of Programme Committee, 1910.....                                                      | 9.80     |
| Expense of representatives to stockholders' meeting, AMER-<br>ICAN JOURNAL OF NURSING Co. .... | 56.75    |
|                                                                                                | <hr/>    |
|                                                                                                | \$579.64 |

|                                                             |           |
|-------------------------------------------------------------|-----------|
| AMERICAN JOURNAL OF NURSING stock, JOURNAL Purchase Fund..  | \$2000.00 |
| AMERICAN JOURNAL OF NURSING stock, General Fund.....        | 200.00    |
| Balance on hand, General Fund, April 30, 1910.....          | 535.66    |
| Balance on hand, JOURNAL Purchase Fund, April 30, 1910..... | 439.50    |
|                                                             | <hr/>     |
|                                                             | \$4632.15 |

## RESOURCES

|                                                        |           |
|--------------------------------------------------------|-----------|
| Cash on deposit Long Island Loan & Trust Co.:          |           |
| General Fund .....                                     | \$535.66  |
| JOURNAL Purchase Fund .....                            | 439.50    |
| Fifty-three shares AMERICAN JOURNAL OF NURSING stock.. | 5300.00   |
|                                                        | <hr/>     |
|                                                        | \$6275.16 |

ANNA DAVIDS, R.N.,  
Treasurer.

Audited and found correct, D. D. ANDRADE, Accountant, Saturday, May 14, 1910.

CONTRIBUTIONS TO AMERICAN JOURNAL OF NURSING PURCHASE  
FUND, May 1 to May 20, 1910

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| L. L. Dock .....                                                | \$25.00 |
| Birdie Dunn .....                                               | 1.00    |
| Berrien County Graduate Nurses' Association.....                | 2.00    |
| Registered Nurses' Association of Des Moines.....               | 10.00   |
| Wisconsin Association of Graduate Nurses.....                   | 25.00   |
| Butterworth Hospital Alumnae .....                              | 10.00   |
| Maine General Hospital Alumnae.....                             | 25.00   |
| Graduate Nurses' Association of New Hampshire.....              | 50.00   |
| Graduate Nurses' Association of Pennsylvania.....               | 100.00  |
| Ida H. Sherk .....                                              | .50     |
| Lucy Ashley Sharp .....                                         | 5.00    |
| Georgia State Graduate Nurses' Association .....                | 50.00   |
| Lucy C. Ayres .....                                             | 25.00   |
| Salem Hospital Alumnae .....                                    | 25.00   |
| Anna C. Maxwell .....                                           | 25.00   |
| Nellie Morrell .....                                            | .25     |
| Through Mrs. E. G. Fournier.....                                | 5.60    |
| City and County Hospital Alumnae, Denver.....                   | 25.00   |
| St. Luke's Hospital Alumnae, Richmond.....                      | 9.50    |
| Connecticut Training School Alumnae.....                        | 10.00   |
| Union Protestant Infirmary Alumnae.....                         | 50.00   |
| Monroe County Registered Nurses' Association.....               | 25.00   |
| Graduate Nurses' Association of Dayton.....                     | 20.00   |
| King County Graduate Nurses' Association of Seattle, Wash.....  | 10.00   |
| Registered Nurses' Association of Colorado Springs.....         | 24.00   |
| Jewish Hospital Alumnae, Cincinnati .....                       | 15.00   |
| Mary E. Lent .....                                              | 5.00    |
| Individual graduate nurses of Detroit, through Agnes Deans..... | 27.50   |
| St. Luke's Hospital Alumnae, Chicago.....                       | 10.00   |

|                                                                                         |          |
|-----------------------------------------------------------------------------------------|----------|
| Graduate Nurses' Club of Pasadena.....                                                  | \$12.00  |
| Elizabeth H. King, Honolulu .....                                                       | 2.00     |
| Illinois State Nurses' Association, from the sale of Florence Nightingale postals ..... | 50.00    |
| Annie Rhodes .....                                                                      | .50      |
| Nellie Reed .....                                                                       | 1.00     |
| Rhode Island Hospital Alumnæ.....                                                       | 25.00    |
| Grace Carmichael .....                                                                  | 1.00     |
| Children's Memorial Hospital, Chicago (pupil nurses).....                               | 7.00     |
| S. R. Smith Infirmary Alumnæ.....                                                       | 5.00     |
| Jefferson County Graduate Nurses' Association.....                                      | 10.00    |
| Grace Hospital Alumnæ, Detroit.....                                                     | 15.00    |
| Grace M. Young .....                                                                    | 2.00     |
| Anonymous .....                                                                         | .50      |
|                                                                                         | <hr/>    |
|                                                                                         | \$746.35 |

King's County Hospital Alumnæ..... One share of stock  
Mt. Sinai Hospital Alumnæ..... One share of stock  
St. Luke's (New York) Hospital Alumnæ..... One share of stock

ANNA DAVIDS, R.N.,  
Treasurer.

THE PRESIDENT.—I think we have great reason to congratulate ourselves when we hear this report of the treasurer in regard to the purchase of the JOURNAL stock. Last year when an effort was made to raise this fund it seemed a gigantic undertaking; but the manner in which the nurses all over the country have responded is splendid; and one thing that has been most gratifying is the response from individuals in small contributions. Of course we are most grateful for the large contributions from states; but I think the small contributions, showing a wide interest, is the most hopeful sign of it all.

#### REPORT OF NOMINATING COMMITTEE

The Nominating Committee of the National Associated Alumnæ of the United States begs to present the following ticket:

President: Jane A. Delano, Washington, D. C. First Vice-President: Mrs. A. R. Colvin, St. Paul, Minn., Helen Scott Hay, Chicago, Ill. Second Vice-President: Eva A. Mack, Chicago, Ill., Lucy B. Fisher, San Francisco, Cal. Secretary: Agnes G. Deans, Detroit, Mich. Treasurer: Anna Davids, Brooklyn, N. Y., Mrs. C. V. Twiss, New York, N. Y. Directors: M. Helena McMillan, Chicago, Ill., Isabel McIsaac, Benton Harbor, Mich., Margaret Whittaker, Philadelphia, Pa., Anna C. Maxwell, New York, N. Y.

Respectfully submitted,

ADDA ELDREDGE, R.N.,  
ELSIE COURRIER PHILLIPS,  
HELEN BALCOM, R.N.,  
ANNA M. RINDLAUB, R.N.,  
E. E. GOLDING, R.N.

### ADDRESS OF PRESIDENT

I WILL take only a short time to-day to say a few words in regard to our hopes for the future and our thoughts of the past. We have had such splendid meetings and so much inspiration during the past three days in the Superintendents' and combined meetings, that it seems almost hopeless for me to add anything to what has already been said and done. But there are a few points which impressed me through all of these delightful meetings. Our history naturally divides itself into two epochs: one beginning fifty years ago, when Florence Nightingale came back from the Crimea with the enthusiasm and the inspiration which led to the establishment of the first training school for nurses, as we know them to-day; and now I believe that we are on the threshold of a new epoch. As Dr. Polk told us last night, there was a combination of circumstances which led to the development of our profession; first of all was the great need in the Crimea. Other soldiers had lain unprotected, other soldiers had suffered without succor; other soldiers had died unattended; but for the first time in the history of the great wars of the world was the quick transmission of news possible. Telegraphic communication and railroads were just at the beginning of that period. When the news reached England of the suffering in the Crimea it was perfectly natural that women should be found to go to the front. I believe that so long as the heart of woman is filled with sympathy, so long will an appeal for help find response.

Soon after the war in the Crimea came the battle of Solferino. You heard last night a splendid tribute to the Red Cross, how the inspiration of one man led to its establishment. On the battlefield after this tremendous slaughter forty thousand soldiers were left dead and wounded. John Andrew Durant, a Swiss, found the conditions most horrible. He organized among the peasant women a relief corps, and he saw the great need for a mutual organization for the care of the sick and wounded in time of war.

We have developed training schools all over the country. Fifty years ago there were no training schools in America. Bellevue is just about to publish its thirty-ninth annual report. So you see ten years after the establishment of the first training school the work began in this country. I would like to pay a tribute to the work of the splendid women, who were, I believe, Florence Nightingale's own nurses, Sister Helen, who was the first superintendent of Bellevue training school, and Alice Fisher, the first superintendent of Blockley.

On my way to New York I stopped in Philadelphia for the twenty-fifth anniversary of the establishment of this training school, and it was my privilege to sit at dinner next to a nurse who was, I believe, the first graduate trained under Alice Fisher. She told me a little story which seemed to me so characteristic of the life and the ideals and the purposes of those splendid first nurses that I want to tell it to you. There was an epidemic of typhoid fever in Plymouth, Pennsylvania, soon after Alice Fisher came to Philadelphia, and the authorities of Philadelphia sent her there to help in the care of the typhoid fever patients. She went without any assistants, but found conditions so bad that she sent back to the hospital for help. The nurse who sat next to me was one assigned to this duty. I think she travelled all night and arrived there the next morning. She had been directed to go to a certain little hotel in this town and she found in her room a note from Alice Fisher which told her to rest for so many hours and then report for duty. The nurse did not realize what this meant, but took her rest, five or six hours, I presume, and then reported to Alice Fisher and found that she had been on duty without relief for seventy-two hours.

Following the establishment of the first training schools came their development throughout the country. But even twenty-five years ago there were only thirty-five training schools in the whole United States. Now there are over a thousand. There were perhaps eight hundred pupil nurses at that time, certainly not more, the schools graduating, perhaps, two hundred nurses during the year. It is impossible to estimate accurately the number of graduate nurses in America to-day, but there are probably not far from 75,000.

Now with this increase in our numbers come new responsibilities; and I believe that to-day we are standing on the threshold of a new epoch with new ideals, new hopes, and new aspirations. Dr. Goldwater, in his address of welcome, has outlined to you some points which we may well consider. I believe that the time is not far distant when this great body of women will be joined together in what we now call preventive work. We are inclined to accept conditions as we find them. In the old days we questioned very little the causes which led to the conditions. We found people suffering from typhoid and we felt that we had quite done our duty if we carried our patient safely through to recovery. Now, if we are called into country places to care for typhoid, we have not discharged our duty when we have looked after that one particular patient; we should consider as much as the care of the patient the protection of any one with whom we

come in contact, and as far as possible look into the circumstances which led up to this condition.

We hear a great deal these days in regard to the social point of view. I believe there is no body of men or women in the country to whom this duty comes more clearly than to nurses. We have had special training. We have opportunities which do not come even to a physician. We are with our patients twenty-four hours out of the twenty-four. A doctor comes in for perhaps fifteen or twenty minutes; and while his responsibilities are greater than ours, we have unequalled opportunities for service and instruction. And I believe we must give an account of our stewardship in regard to this work. Whether we justify our existence, whether we convince the public that we are really essential, rests with us. We are challenged; we know that we must admit it, we are challenged constantly. In my own mind I think these challenges one of the most hopeful signs. As long as people ignore us it means that we are working to but little purpose underground, like the mole, but when we begin to come out into the light and our work broadens, we may accomplish more, but our faults will be more conspicuous.

I believe that we occupy a peculiar position. It has been said that there is a gulf dividing the submerged classes, from the people above, over which none may pass without contamination. I believe that to us is given the opportunity to pass this gulf without contamination. I think we share with the Sisters of the various religious orders, this privilege.

May I leave this one parting word with you: to cultivate in your work, in your studies, and in your lives the desire to benefit all with whom you come in contact, whether sick or well; if well, to help them to keep well; if sick, to help them back to health and to improve the conditions in which we find our patients living.

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## **REGISTRY SYSTEM OF THE HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS, MINN.**

Devised by MARION A. MEAD, M.D., Registrar

HAVING received from time to time so many inquiries for an outline of our system of operating a nurses' registry, I herewith present a practical and useful device, with illustrations, for the benefit of those operating or about to establish a central registry.

The illustration shows a board  $12\frac{1}{2}$  inches by 16 inches, which is ample in size for our membership of 170. Upon the face of the board are forty individual hooks, in rows of ten, numbered consecutively.

A card system is used: the size of the card is  $3\frac{1}{2}$  inches long by  $\frac{3}{4}$  inches wide.

Each member of the association is represented by a card bearing the name, address, telephone call, and character of case wanted or not wanted.

Cards marked with a nurse's name, address, and telephone call indicate that such nurse is on call for any case (see hook No. 2). In the event of a nurse so registered refusing the call, her card is transferred to the last hook.

Cards marked with a nurse's name, address, telephone call, and with the upper left corner marked "No Con," "Tbc.," "Ob.," "Out city," "9 P.M.," indicate that such nurses do not take cases of contagion, tuberculosis, obstetrics, calls out of the city, or calls after nine o'clock in the evening. Nurses' cards so marked are not called for such cases and retain their number on the waiting list, the registrar simply selecting the first card down the list registered for such work (see hook No. 14).

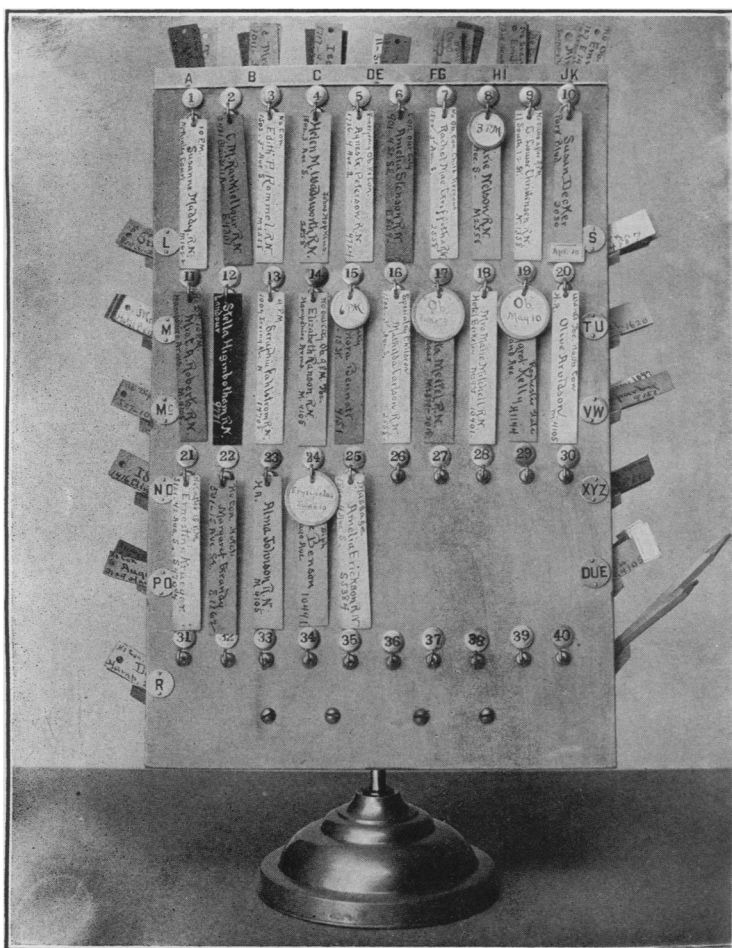
Cards may be marked for those desiring special work only: "massage," "obstetrics," etc.

The waiting list may be read to physician or party calling for the nurse and a nurse may be selected by such party regardless of her number on the waiting list.

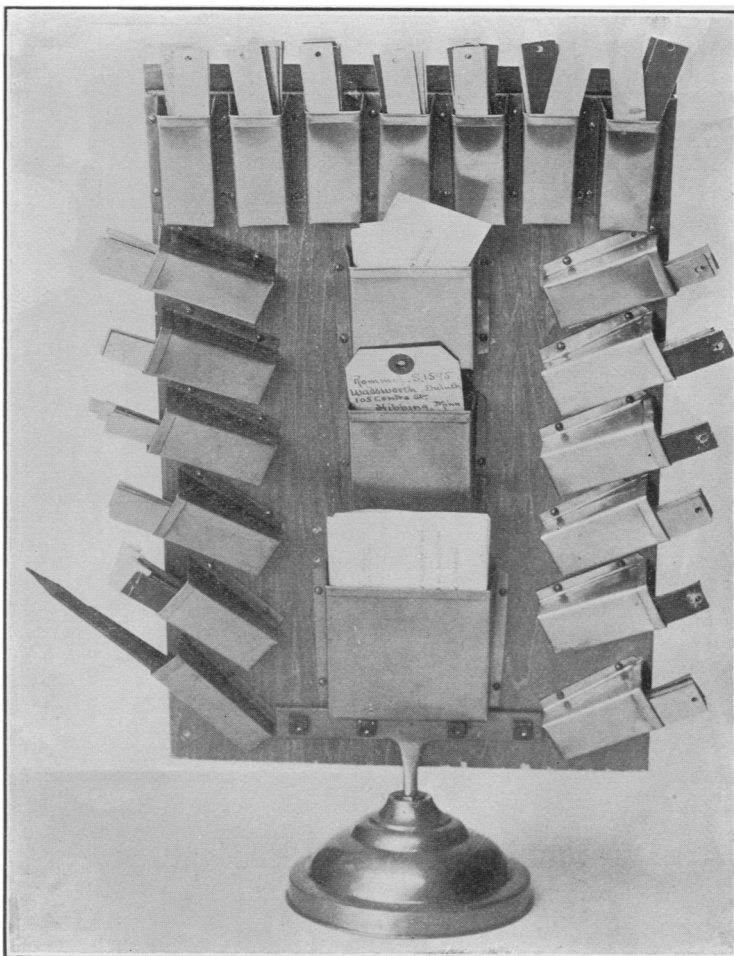
The cards used are of different colors, the Minneapolis hospitals being represented by seven different colors: red, white, blue, pink, yellow, gray, and black. The color green represents all members from schools out of the city.

The system of colored cards makes it possible to more readily designate the nurses from different hospitals, as the usual calls from physicians of the city are: "What nurses are on the list from —— hospital?" naming the hospital preferred. The registrar can at a glance read the nurses' names from the card color designating the hospital asked for, although such cards may hang on hooks Nos. 3, 5, 10, 20, 23, 32, etc.

On the back of the board are arranged eighteen metal slots (metal boxes being more easily made than wood). For our board, the slots or pockets are of brass to match the trimmings on the face of the board. These slots are arranged on an incline or angle on the back of the board and around its edge to allow the cards, when placed in the slot, to project an inch from the edge of the board, thus appearing on



**REGISTRY BOARD USED BY THE NURSES' REGISTRY OF HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS.**



REGISTRY BOARD, SHOWING CARD SYSTEM USED.

the face of the board, and are marked alphabetically with brass tags to designate the cards of nurses out on cases. One slot is reserved to hold the cards of nurses in arrears, who are not allowed the use of the registry until dues are paid. Another slot is used to hold pencils.

Three extra large slots are also placed on the back of the board for convenience, one to hold cards left by applicants, another for special messages, and the third for blank message slips.

The standard for the registry board is an ordinary brass (leaded) standard. A rod attached to the board revolves in this standard. This arrangement gives a very compact system of hooks and slots for holding cards for registering nurses in and out.

A system of rules might be added, although every association and registrar must contrive its own points for convenience in their work—but let me give you a few suggestions we have found absolutely necessary for maintaining a first-class registry.

Some of our nurses specialize. When sent out by the registry and returning within forty-eight hours, they may retain their number on the waiting list. If registered for work and out for a time, they are expected to keep in touch with the registry every hour; if visiting a friend, to leave their telephone call at the registrar's office. If not within reach of a telephone, they may specify the hour they are to return, and a tag so marked is placed over their card on the registry (see hooks Nos. 8 and 15). Many times the physician will wait if he knows the nurse he desires for the case can take the call at a specified hour, and the call is held for that nurse.

A larger tag is used in the same way when the nurse notifies the registrar that she is engaged for a case on a definite date, the tag over the nurse's card being so marked. Then the nurse may be given calls for hourly nursing and short cases on call. The tag over the card reminds the registrar and assistant of the engagement of the nurse (see hooks Nos. 17 and 19). A tag is also used over the cards of nurses returning from cases of contagion, to allow the physician to decide the advisability of placing such nurses on special cases (see hook No. 24).

A bill is sent to each nurse a week before her association fees are due. At this time, a marking tag with wire prongs is affixed to the end of the card of the nurse in arrears, so that when the registrar takes such a card from the slot she refuses to enter the nurse for work until her dues are paid (see hook No. 10).

A book-slate, 12 x 16 inches, is used at the telephones for writing orders quickly. These are later transferred to the *Standard Daily Journal*, 8 x 12 inches in size, and finally transferred to the *Register*,

16 x 17, of 500 pages, which book contains a page for each member of the association, the work being accurately recorded under headings as follows:

HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS

Nurse..... Graduate.....  
Address..... Telephone..... Date of Membership.....

| Date in, | A.M. | P.M. | No. | Date out | A.M. | P.M. | No. | Dr. | Pt. | Address | Disease | Remarks | Dues paid to |
|----------|------|------|-----|----------|------|------|-----|-----|-----|---------|---------|---------|--------------|
|----------|------|------|-----|----------|------|------|-----|-----|-----|---------|---------|---------|--------------|

This makes a complete record of each member's work, and she has the privilege of referring to her own page at any time.

NOTE.—In the accompanying illustration of the front of the registry board, the colors of the tags would be:

White (City Hospital)—13, 16, 18.

Pink (Swedish Hospital)—8, 10, 24.

Gray (St. Mary's Hospital)—17.

Black (Homœopathic Hospital)—12.

Yellow (Asbury Methodist Hospital)—14, 21, 23.

Blue (St. Barnabas Hospital)—2, 6, 11, 15.

Red (Northwestern Hospital)—1, 3, 5, 7, 20.

Green (Out-of-town hospitals)—4, 19.

MISS PARSONS.—I would like to know what the registry fee is.

DR. MEAD.—Seven dollars a year.

Do you charge a membership fee in addition to that?

DR. MEAD.—The membership fee and registry fee are one. Nurses must belong to the association in order to use our register.

Do you register experienced nurses?

DR. MEAD.—No, only graduates, and we hope to make them registered nurses. We are working for that.

I would like to ask what is done with nurses who go out on cases, if they are on call, without reporting to the register?

DR. MEAD.—They are supposed to lose their place on the list. We rather leave that to the conscience of the nurse. Of course there are none in Minneapolis who go out without telling us.

I should like to ask whether the schools in Minneapolis have their own registries, or whether this is the only one in the city?

DR. MEAD.—This is the only graduate registry that we know of in Minneapolis, and the superintendents are supposed to co-operate with us.

MISS ANNA MAXWELL.—I would like to ask what happens if there is no nurse to go out after nine o'clock?

DR. MEAD.—In emergencies the call is answered if possible regardless of specialty so marked on card.

MISS MAXWELL.—Have they no professional responsibility in that matter?

DR. MEAD.—Yes, I think they have.

MISS MAXWELL.—Do they feel that responsibility?

DR. MEAD.—Some of them, most of them.

MISS MAXWELL.—Because it is professional, distinctly?

DR. MEAD.—In case of emergency our nurses have always been very good in coming to the front and offering their services in such cases.

May I ask how many nurses you would consider a central registry could register, and carry on the work?

DR. MEAD.—You mean the number on our board?

The number of nurses that register.

DR. MEAD.—We have a membership of 170, but all of them do not register. We only have an average of perhaps the board full.

Would you think that the central registry could accommodate, say, a thousand?

DR. MEAD.—Oh, if you have the office force, I think so, yes.

MISS ROMMELL.—I want it distinctly understood that our registry at Minneapolis is conducted by the Hennepin County Graduate Nurses' Association. If one of our members registers and is given the privilege of registration, she must be a member of the association. The register is optional. You can register or not, as you choose; there is no special fee for it. The fee for admission to the association is seven dollars a year, and that covers the registration fee. There is nothing in addition to that. We have found that that is absolutely necessary in maintaining this registry. If you have a separate registry and make your registration optional, so that the nurses can register or not, as they choose, you will find nurses working by private contract who do not register. So we find it is preferable to have the association conduct its own registry, having the fees the same, and then any member is allowed to register or not, as she chooses.

MISS GIBERSON.—I would like to ask if you have any calls for experienced nurses in that registry?

DR. MEAD.—Quite a number of calls, but we have several non-graduate registries in Minneapolis. Before I had anything to do with it they registered both, and it was found not very desirable to continue in that way.

MISS NUTTING.—May I ask what were the real difficulties in the way of including some control of the experienced nurses?

DR. MEAD.—I think some of the nurses can answer that better. That was before my day. But I think they went out as graduates, using the same cards, and the same uniform, and getting the same prices.

MISS GREENWOOD, Cincinnati.—I beg to say that we have in our city a registry of the graduate nurses in the city, that we have a form for experienced nurses, have a separate card for them, and their prices are marked on this card. We have experienced nurses who go out for \$15, some for \$20, a week, who have had experience at the hospitals, and we find it does not interfere with graduate work. There is a very large demand for that sort of work and a marked need. We have been able to keep the interests of the two from conflicting and find it quite satisfactory.

MISS LOOMIS.—In this connection I would say that we have in Seattle a nurses' directory and we found that we could not carry the experienced nurses. They would say that they were members of the King County Graduate Nurses' Association, and we stopped it.

MISS SHERMAN.—We have found in Rhode Island, or at least we think we did, that we regulate better the abuses of practice by registering experienced nurses. We do not allow them to pose as graduate nurses. We allow them to charge a fee, but not to pose as graduates.

THE PRESIDENT.—We come now to new business. What is your wish in regard to a Committee on Resolutions?

MISS SARAH E. SLY.—I move that a committee of three be appointed by the Chair to draft suitable resolutions.

THE PRESIDENT.—You have heard the suggestion at nearly all of our meetings of the propriety of establishing some memorial to Mrs. Isabel Hampton Robb. I feel sure there is no dissension in regard to the suitability of such an act. The form which this memorial shall take rests, of course, with the two associations, and I consider it a most important question and one that we should give serious consideration. It must be a suitable memorial. It must be something that will commemorate in a suitable way the work which Mrs. Robb stood for; and I should think it wise that a committee be appointed to consider this question very carefully and to make recommendation in regard to it. I will leave the matter now in the hands of the convention and would like a very free expression of opinion in regard to it.

MISS IDA GILES.—I move that a committee of three be appointed to appoint a committee for this work, as it is so important, and I would also suggest that it be appointed by the Chair.

MISS NUTTING.—May I say that the Superintendents' Society appointed a preliminary committee that attended a final meeting and at that meeting the full committee was appointed, I believe five in number, to carry on this particular matter. The preliminary committee has ceased its work.

THE PRESIDENT.—Miss Nixon offers as an amendment that this committee should confer with the Superintendents' Committee in regard to the formation of the final committee.

THE PRESIDENT.—The final motion is that this preliminary committee shall arrange for the formation of a permanent committee, and confer with the committee of the Superintendents' Society in regard to the permanent committee to make recommendations in regard to this memorial. Carried.

Invitations received from Boston, St. Louis, and Chicago to hold the next annual convention of the society in these respective cities were read by the secretary.

THE PRESIDENT.—We never realized until now how desirable we are as guests. I think we shall have great difficulty in deciding how to distribute our conventions.

There is one question I wish to take up this morning, because it is a subject which has lain very near my heart since last year at Minneapolis. There is a responsibility which rests upon you, not upon me nor upon the Executive Committee, but upon this association as a body; and that is the question of our over-worked secretary. I doubt if any of you realize the amount of work that is involved in carrying on this organization. I am sure I had no idea of it, and this last year has been an eye-opener to me. The secretary has an exacting position. She does this work in her moments of leisure. Now we preach good living conditions for people, and yet we have a secretary whom we ask to do our work in her moments of recreation. Now I ask you, as women, if that is

fair? No, it is not. Now let us practice with our own and in our own work the things we preach. We talk about high ideals, high motives, and the good of all, and you have but a few moments ago cheered me when I said it. Now I want to ask you what we shall do in regard to our secretaries.

MISS NUTTING.—Pay her for the work she does.

THE PRESIDENT.—It was recommended to you in the report of the Executive Committee that we divide the work and have an inter-state secretary; but even that means a tremendous amount of work. I am not very good at figures, but I should like to know our membership.

THE SECRETARY.—182 associations, representing 14,997 graduate nurses.

THE PRESIDENT.—The only suggestion which has come to me is that in dividing the work between the secretary and the inter-state secretary possibly we may be able to pay each of these women something, certainly more than we are paying now. If we could employ—now I say employ, for I mean by that command the whole time of—some member of this association for five or six months of the year, when the state societies are holding their meetings, when the alumnae associations are holding their meetings,—if we could pay her a fair salary for these months, and share the expense between the Red Cross (I think I can speak for the Red Cross in regard to it), this association, and the AMERICAN JOURNAL OF NURSING, then we could plan a trip for her which would take her through the largest and most active nursing centres, where she can meet the nurses and present these three subjects.

I would like a motion in regard to the employment of an inter-state secretary for the three associations, if it can be brought about. I cannot speak for the AMERICAN JOURNAL OF NURSING, but I can speak for the Red Cross, I think, rather authoritatively. At least we can express our willingness to co-operate if it can be arranged.

MISS ISABEL MCISAAC.—In speaking for the JOURNAL I think I shall have to wait until we come together and consider ways and means. It is a kind of work that we have been wanting to do for the JOURNAL for many years. I hope we can co-operate. I think we can, though I cannot speak officially. We have had a great many applications for speakers from societies to the JOURNAL. They come not to the JOURNAL, many times, but to the editor of the JOURNAL, especially from those rather isolated associations of nurses, in the Middle West and the West more particularly. We had already planned to send our editors to a group of the western state associations this spring. The number of calls we have had from various nursing organizations all over the country has made us feel it is a very good thing for the JOURNAL, as well as being helpful to the different associations.

THE PRESIDENT.—Our previous inter-state secretary is here this morning, and I would like a word from Miss Sly in regard to the work of the inter-state secretary, and the importance of it in the work as she found it among the different states.

MISS SARAH E. SLY.—Speaking from experience, I know of no more important work than that of the inter-state secretary, and I trust that there will be a very definite division of the two kinds of work. There is altogether too much work for one, and I feel that the department needs developing and the work is unlimited. In my report at Richmond two or three years ago I recommended a field secretary, and I believe that this suggestion which has just come from

the Chair, that we have an inter-state secretary for six months of the year, would be quite sufficient, as there would not be very much for her during the summer months. It is from the first of September up to and including about the first of June that the demands in inter-state work are greatest. There is a great deal of work and there are great possibilities. The secretary of the Associated Alumnae cannot follow all that is required of the inter-state secretary.

The state, county, and city associations know what the work of the inter-state secretary has been, not only in answering questions, but in furnishing literature—a bureau of information, practically—doing anything you are called upon to do in the best way you could do it, with the co-operation, of course, of the Executive Board.

MISS ADELAIDE NUTTING.—May I add just one word to what Miss Sly has already said? In the early organization of any society it goes without saying that one depends on volunteer work, and must depend for a certain number of years, until the society has gotten itself into good working order, knows its purposes and plans, and knows its membership and has its plan of work well in hand. It is always, I think, the purpose of a society of this kind of national scope as quickly as it is able to do it, to begin not to depend solely upon volunteer work, but to have some definite, permanent, paid assistants. Confronting, as we are now, certain big issues, and growing to the size that we have grown, with 182 organizations, with an enormous body of graduate nurses all wanting to know more about the work from the central authorities, it seems almost impossible that we should continue to depend upon unpaid work. We are now looking forward to more active work in the JOURNAL, and that would lead to a great deal more correspondence, I think, and a great deal more work. And I would be inclined, if I might have the privilege, to urge very much upon this assemblage that one expense, always to be entertained and considered, and carried on to the very best of our ability, is payment for that kind of work.

MISS KATHARINE DEWITT.—May I say a word about the value to the JOURNAL of such trips as you suggest? I do not think any one can realize, as Miss Palmer and I do at the JOURNAL office, how people come to be very closely in touch with the JOURNAL. Those old subscribers who helped to establish it know how much it means. They write for it, they subscribe for it because it is part of their nursing life. There are hundreds and thousands of the younger members throughout the country who don't know the ancient history of the JOURNAL, and to whom it cannot possibly mean as much as it does to those who carried it on from the beginning. But requests come every month, over and over again, asking whether Miss Palmer cannot come and give a graduating address, or a talk about the JOURNAL, or address an association; and whenever she can accept those invitations, which is all too seldom, because of her duties in the JOURNAL office, which she must fulfil,—whenever she can answer these invitations, there is new love for the JOURNAL in that vicinity, in that city, or that town, or even that state. That is shown not only by the subscriptions that come in, but by news items and articles. The JOURNAL becomes to them a new interest.

When Miss Sly was inter-state secretary she worked just as hard for the JOURNAL as for the inter-state work, and we saw the result from her work. There are parts of the country where she roused interest in the JOURNAL which has never been lost. You don't know how hard it is for us in the JOURNAL

office, when these requests come in, not to be able to meet them because of our duties there; I don't know of anything that would be so tremendously helpful to the JOURNAL as the field secretary.

MISS PEPOON.—We have had experience on the Pacific Coast with results from such trips. Our editor of the *Nurses' Journal of the Pacific Coast*, Miss Cooke, made a great many trips in the interest of the *Journal*. The result of the increased interest in the *Nurses' Journal of the Pacific Coast* has been perfectly marvellous; and not only that, but the interest in the state association work, although that has been, you might say, indirect, has been very, very marked. The nurses have been aroused to organize, and we have gained a great deal from her trips throughout the west.

THE PRESIDENT.—May I ask for a resolution for the employment of an inter-state secretary for five or six months in the year for this association, in connection with the Red Cross and with the JOURNAL, if it can be arranged?

MISS SEIDENSTICKER.—I move that such a secretary be employed. Carried.

THE PRESIDENT.—Before we adjourn I would like the authority of this body for the secretary to send greetings to our members who are absent, whom we all know and love. There is one whose name has not been mentioned in this meeting before, and I should like now to ask that she be included in the resolution in regard to greetings, if it suits you, and that is Miss Linda R. Richards. Miss Richards is one whom we all love to call the first graduate nurse in America. Might we have embodied in one resolution the authority to that effect: that Misses Linda B. Richards, Annie Damer, Sophia Palmer, and Lucy Drown be sent the greetings and good wishes of this society?

MISS GILES.—I move that the secretary be so instructed.

THE PRESIDENT.—May we have the authority of this association to send a cablegram to Miss Florence Nightingale, conveying our greetings and best wishes?

MISS GARRON.—I move that a committee be appointed to send a cablegram to Miss Nightingale. Carried.

MISS RHODES.—A great many nurses are Canadians, but I speak as an American of three hundred years ancestry. I would be very glad to make a motion that some official message of condolence be sent to Queen Alexandra, and I would move that the president have the power to prepare the form of official message of condolence.

Meeting adjourned.

#### THURSDAY AFTERNOON SESSION

THE PRESIDENT.—We are to take up at this meeting a very important branch of nurses' work,—private nursing. It is with very great pleasure that I turn this session over to Miss Katharine DeWitt, associate editor of the *AMERICAN JOURNAL OF NURSING*, who has stood for all that is best in this particular branch of our profession.

MISS DEWITT.—Our president has said, this morning, much of what I would like to say about private duty nursing, and has said it much better than I possibly could have done. I hope we, as private duty nurses, will take home to ourselves what she said about our opportunities as teachers of health and hygiene. It is a firm belief of mine that the private duty nurse, as she goes about in the homes of the ignorant rich or the ignorant middle class, is just as important in the campaign for preventive medicine and for better living and

for the prevention of disease and for sanitation, as the district nurse is in her work among the ignorant poor. I should very much like to know how many of the nurses in the room at present are private duty nurses. Will they please rise?

(Fully three-fourths of the audience rose.)

MISS DEWITT.—It certainly is a good proportion.

This is the first time that we have come together as private duty nurses, and we owe this session to the thoughtfulness of the Executive Committee and the Programme Committee, who planned it for us. We are always a little backward in claiming our own, and I think it is characteristic of the private duty nurse that we have not had a session before because we never thought to ask for it. I am sure from the comments that have been made by many nurses in many places that it is appreciated.

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## SOME ASPECTS OF PRIVATE NURSING

By RUTH BREWSTER SHERMAN, R.N.

Baltimore, Maryland

MADAM PRESIDENT AND THE ASSOCIATION:

THE private nurses of the country wish to express their thanks and appreciation for your action in setting apart this session for them. It is a step in advance which we hope will never be retraced; and we will try to use it to its fullest, as a chance to find out and improve some of those features of the present practice of private nursing which need changing in order to put our work on a better and more ethical professional basis. We know some changes are needed, and that advice from those outside our own ranks, however kindly and helpful, cannot be conclusive. For ourselves we must settle the troubling questions of our lives, and work out our own results from many differing conditions.

From ten years in the private duty field, I conclude that the greatest need of our work is that it be made more uniform and regular in its practice; and this can be done only by the private nurses getting into closer touch with each other and adopting some means of keeping so. Our best means at present is the Letter Department of the *AMERICAN JOURNAL OF NURSING*, which we hope to see used more freely every month for exchange of experience and opinion. This session is a great advance, and its best object will be gained if it results in an increased enthusiasm and zeal among us everywhere. Do not private nurses need to draw more closely together, not only in the Associated Alumnae but in the individual alumnae associations, to raise the status of private nursing as a branch of the profession, to safeguard their

own interests, and to control the making of registry rules and the setting of those precedents which everywhere govern the local practice of private duty? Is there not among us at present too much of the feeling that private nurses pay the dues but institution nurses attend the meetings and manage the affairs? This is largely true, but the remedy is in our own hands. We need in each alumnae association a strong sub-organization of private nurses who will keep in touch with each other's views and wishes, know when anything touching their interests is coming up in open meeting or in committee, and keep, if necessary, a standing committee large enough to insure some of its members attending meetings and representing the interests of the private duty body. This committee should act with the regular registry committee of the association and no registry rules should be made without its consent and co-operation. This arrangement would promote harmony and would lessen the deplorable but apparently inevitable feeling that the institution and private nurses are in opposition. Many deny that such a feeling exists; they tell us, "the institution nurse of to-day is the private nurse of to-morrow, the interests of one are the interests of all; there is no line between." This is partly true, only partly. We all know that there *is* a line, and that although many do pass back and forth, yet there stands on each side a large body of earnest women who have found the work for which they are temperamentally fitted and will never exchange it for the other. There *are* two classes, there always will be, and the feeling grows because unrecognized, like fire creeping under leaves and dry grass. Let the private nurses unite to promote the interests of their work and there will be greater good feeling and good will in the alumnae associations. If they are indifferent and careless about attending meetings and insisting on the rights and needs of the private work, naturally they will have no control in their own or other affairs. It takes effort, forethought, planning, and persistence. A little work to ascertain the feeling on points to be discussed, an arrangement that one or more private nurses shall surely attend the association meetings, enough courage to clearly state and defend the views and wishes of the absent, resolution to be heard and recognized, and willingness to insist as much as necessary on the right and requirements of the private nursing body,—given these things we could largely manage our own affairs, put our branch of the profession upon a firmer and more respected basis, and keep pace in our own line with the advance of other forms of nursing.

This closer touch between the two bodies of workers might result in avoiding awkward situations, which sometimes arise from lack of

understanding between the two. A great deal of power lies unused and unrecognized in our hands, because numerically we are the largest of all the nursing bodies, and probably always will be, despite the recent predictions to the contrary.

In this day when the tendency is toward breaking down school lines and making more uniform standards of education, training, and registration, has the time not come for standardizing our various *alumnæ* registry rules and the individual traditions of the graduates of different schools, and making them similar, so that private nursing may be more professionally uniform in its practice in the different states of our country, and nurses travelling or moving from place to place may find less varying customs? If practicable, I would suggest that this session ask the Associated *Alumnæ* to form a committee, partly of private nurses in active practice, who will take this work in hand. They should collect the rules of all existing registries and directories and harmonize them into one set which shall be common to all; but at the same time they should correspond with private nurses everywhere, graduates of schools in every section, and learn from them all the differing customs and traditions of practice which each school to some extent impresses on its graduates; and from these mark out some general plan which can gradually become universal. This is clearly necessary where nurses from several schools are to be united in successful central directories, and this local illustration has a national application. Probably some minor abuses could be abolished with benefit to the nurses and no hardship to the public. Take, for instance, the common request to the registry to "send a nurse at seven o'clock to-night," or "at nine in the morning." To meet this demand with accuracy, the nurse must often lose her own breakfast or dinner, and arrive too late for it in the house to which she goes; while in most ordinary cases a mere suggestion to this effect when the call was received at the registry would result in a satisfactory change of hour. Parallel to this is the usual practice of demanding a nurse at nine, ten, or eleven o'clock at night, for night duty, no matter how hard her own day may have been or how much she may need her night's sleep in order to do good work. Of course we all know there are emergencies—we are speaking now of the usual cases which compose most of our work. If any single registry adopted the rule that night nurses (except in emergency) must be applied for before noon, allowing the nurse to get a good sleep before going to her patient, a better condition would result in its own neighborhood, and other registries be emboldened to take the same wise step, as advantageous to patient as to nurse.

Do not understand me as saying that any of the rules I have suggested should be regarded as inflexible. On the contrary, I believe in each nurse using the greatest freedom of judgment in dealing with her individual cases, and I look for a time when \$30 or \$35 will be the usual rate for wealthy people so that we can nurse the poorer for \$15 or \$20; but I do urge that while such exceptions and adaptations should be left with the nurses in actual work, the general rules for the business side of our lives should be the same in all parts of the country.

Turning from the business to the humanitarian side of nursing, let us look now at some of the questions of our own work which are so subtle as often to pass unrecognized until they become personal, involving so many aspects of right and wrong that we are fain to say with him of old, "Experience is fallacious and judgment difficult." Let me cite some cases taken from life.

An hysterical woman, jealous for the love of a husband whose morals she has reason to doubt, engages a nurse and a few days later discharges her. How far is the nurse justified in warning other nurses against this woman? How far is she justified in keeping silent over the insult to herself?

An attractive widow, personally lovable, engages a nurse to travel with her, and under protection of this chaperonage stays at the same hotels with a man companion, laying herself open to suspicion. Is the nurse to stay (how long?) or leave? and how openly state her reasons?

A man, well known to be rich, engages a nurse while sick in a hotel and refuses to take a second room for her, subjecting her to entirely unnecessary inconvenience, annoyance, and humiliation. The doctor declines to interfere, knowing that if this nurse leaves he can get plenty more.

A woman whose husband is away entertains in her home a man whose standing with her is evident to all. Is the nurse to keep her post, or leave her sick patient in the house, and why?

Shall nurses go from their registries to answer the calls of a physician who is well known as profligate, dissolute, and immoral? The patients need good nurses as much—*much more*—than if in the hands of a good doctor, but how far shall conscientious women help in building up or keeping his practice?

A certain woman who drinks so heavily that reputable doctors who are acquainted with her refuse to attend her, wants a nurse for herself or her child. It means a comfortable engagement—and loss of respect from physicians who happen to know. Perhaps, however, she

really needs a nurse. Possibly this nurse can do something for this woman's soul as well as for her body. Can she go? *Can she refuse?*

A nurse went, late at night, from her registry to a supposed patient in a large hotel. She was met by a well-dressed man who said, "Oh, yes, I'm perfectly well, but a good rubbing will make me go to sleep." He had the grace to blush, however, as he looked at the young woman before him, and went to bed without his rubbing, while the young graduate returned to her room with a new view of her chosen work.

A nurse cares for a patient for a doctor prominent in his town, and later learns, almost beyond doubt, that he steadily performs criminal operations. Shall she answer another call from him in regular practice? And how far shall she protect him by silence to other nurses?

A nurse finished an obstetrical engagement in a prominent family and soon afterwards answered an emergency call to a small suburban home. On arrival she was met by the husband of her first patient; he was also head of the second household and father of the second child. What could, or should, this nurse have done? Are you sure what you would have done?

But the vital point, my friends, is not what you would do, in the experience, worldly wisdom, and self-command gained by your years of work, the vital point is this: *What will the young nurse do?* Fresh from the protecting atmosphere and routine of her hospital, what definite teaching has she received which prepares her for the equivocal situations in which she will often find herself, for the moral decisions which she will have to make unaided? Nor must we forget that the new graduate often has no bank account to support her moral views, and the necessity of earning money for her running expenses may obscure her spiritual vision. These are all actual incidents and the list could be extended much further. These things cannot be settled by discussion or covered by rules; they are things which each nurse must decide for herself when the need arises; what is right in one case may be wrong in another; what may be wise for one nurse to do might be foolish and dangerous and futile for another to attempt. But problems they are, *human* problems, and as much deserving our thought as the questions of a sliding scale or the nursing of people of moderate means.

One thing upon which some concerted action might be possible is the tendency of employers to "look us over" and choose among us. A lady wishes a nurse for a few weeks. Her doctor recommends several, all of whom he knows to be personally acceptable; the lady interviews

them on successive days and finally makes a choice. Often no nurse learns that others than herself are being considered; when we do know it, how far are we to endorse such unethical methods? Does it increase the dignity of our profession for nurses to submit to being looked over as if they were eager rivals for employment? Also, when a nurse is kept for a week or two in a family and then changed for another without the formality of any complaint or reason, dignity and good breeding urge the discharged nurse to silence and speedy departure; many considerations, and perhaps ignorance of the circumstances, lead the second nurse to take the vacant place. Perhaps it is an instance of the inability to "fit in," that crowning virtue in a nurse without which, though she have the gift of technic and understand all mysteries and all knowledge, it profiteth her nothing. But unless some definite reason can be given for a change, does not each nurse weaken the status of our profession by lending herself to such a course? Every such instance makes easier the meting out of such injustice to some other defenceless woman. In most states there is a law protecting the worker from financial loss in such cases; this law has been successfully invoked by nurses, and should be, whenever it can be made to apply, so that rich, idle, fussy women (it is practically always women who do these things) may learn that they cannot pick us up and lay us down like dolls.

I once heard a man say that every doctor should "prescribe" the nurse whom his patient was to employ, while the family and patient should accept the nurse just as unquestionably as "any other prescription." This would be an ideal condition, but there is a lesson in it for us—we would all have to be equally adaptable, tactful, and pleasing.

Another phase of private nursing is difficult to discuss but just as real as these: we have thought and spoken much of late how we can help along the campaign against venereal diseases, and in the better sex teaching of children. We have admitted our duty in urging mothers to properly teach their children, in helping with this teaching, in warning girls and young women against immoral associates and diseased companions. Have we admitted, even to ourselves, that we have a duty also to the pure but fast-developing boy who is under our care; or to the diseased fallen man whom we are engaged to nurse? Perhaps four times in five it is best to keep silent, but what about the fifth time? Perhaps it is a clean moral boy but in daily danger from his own instincts as a boy always is, whom we can strengthen in the right by a timely word or a warm earnest talk over matters which he

wishes to discuss but knows not how. Perhaps a man immoral and profligate but still awake to shame, who can be turned and helped to a new and cleaner life. These are solemn things but sometimes they are given into our hands, and there are nurses who have tried and succeeded. To ignore a responsibility is not to evade it. Remember Ezekiel's dreadful warning, "If thou speak not to warn the wicked from his way, he shall die in his iniquity but his blood will I require *at thy hand*." Remember Solomon's command, "In the morning sow thy seed and in the evening withhold not thy hand, for thou knowest not which shall prosper or whether both shall be good;" and the Divine charge, "Heal the sick *and* preach the gospel." How can we *forget* these things? And if *we* do not recognize the varied responsibilities of our work, *others* do, and will more and more. Not long ago the minister of a large city church sent for a busy private nurse, a member of his flock, and asked, "I have reason to think that — in my congregation is unfaithful to his wife; have you any knowledge on this point?" Is not this significant? These are things we must consider. Perhaps many of you have had just these experiences; if there is any who has not, let her remember that they may come to her any day, without warning, and call suddenly and imperatively for all the best and strongest that is in her.

It has been said that private nursing is a narrow groove. So it is: so also is the path to heaven narrow. It has also been lately written that "private duty is the lowest form of nursing." Let us not be alarmed by such wild statements. There is no highest or lowest form of nursing; it all depends on the woman. The elevation of our profession will progress exactly with the elevation of the nurses who leave our hospitals. The moral and spiritual training of pupil nurses must in some way be carried on side by side with their technical training, if they are to leave the training school prepared for the difficult, delicate, and complex work of private duty. Scientific knowledge, rightly taught, purifies not coarsens the mind and speech of a woman who is fit to be a nurse, and unless it has this effect the pupil is not fit for graduation, no matter how excellent her work may be. From the first day of training it needs to be emphasized that the growth of the soul is as necessary in the making of a nurse as growth of intellect or even of the "aseptic conscience."

A head nurse who protects the moral atmosphere of her ward as carefully as a good mother does that of her home, helps every man and woman in it. The superintendent who looks after her pupils' characters as faithfully as a Christian minister, is doing more than

making *good* nurses,—she is making *better* nurses. But many graduates begin outside work insufficiently prepared for the pitfalls and surprises which await them; after a few years they are quick to acknowledge this. What can we do to help them at this time? Who helped us when we began? Not the busiest or most successful nurses always; but those who were ready to meet our difficulties half way, who were clean and pure in thought and conversation, who held always the ideals of sweet and gentle Christian womanhood, who taught us to look beyond the business surface of our profession into its human heart. These are the women whose lives shine like stars before us and who lift their work to the highest plane of honorable service.

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#### DISCUSSION

BY L. B. DURKEE  
Detroit, Michigan

THE private duty nurses of the country most certainly do appreciate the honor which has been conferred upon them as a body, in being given a special session at this convention, and feel that such a session can but be of great value in establishing a status for them. The hardest thing in the world, among nurses, is to get together a representative number of private duty nurses, and the fact that their needs are recognized and that an effort is being made to satisfy them, can but meet with unqualified gratification.

Most of the "problems" which arise in private duty nursing can be settled satisfactorily, and without much difficulty, if the nurse, who feels that a problem is involved in certain situations, will only remember the rules which govern her moral, social, and ethical standards.

The question of whose influence is greater in her alumnae association as, for instance, the control of the alumnae registry, should never arise, for the questions which interest only the private duty nurse, or which involve only her interests, should not be brought up for settlement in a meeting at which the institutional nurses are in a majority. Surely no body of nurses, having the right idea of what is due their fellow nurses, would consider questions involving those who are in another and entirely different line of work, but to say that the institutional nurse has no right to discuss or advise on questions of rules governing the alumnae registry is not wise,—for the institutional nurse is having constantly kept before her the continual need of progress. The institutional nurse, of necessity, sees the outlook for, in her position, she hears constantly of the failure of the private duty nurse "to make good." Patients frequently complain of the private duty nurse; she did do, or did not do, according to their ideas of what is fit and proper for that nurse to do or not to do. Doctors seeking for nurses to care for their patients,—friends and relatives,—all, at some time or other, have laid their troubles before the institutional nurse and, therefore, she hears more and knows more of the seamy side of the private duty nurses' work than do the private nurses themselves, and she

feels the need of adjustment and regulation as much or more than does the nurse doing exclusively private nursing.

The only place in which this can be done is in the alumnae association, and it is unjust to the institutional nurses to require her to keep strictly out of and away from the affairs which apparently concern only the private nurse. I say "apparently" for it is not true that anything concerning nurses can be of interest to only one branch or class of nurses. *Everything* touching the professional life of any nurse is of interest to *all* nurses. We cannot live to ourselves alone, as we are finding at every turn.

The standardizing of alumnae registries and central directories would appear to be a necessary step in nursing progress, and would be of great benefit to the large number of women who are obliged to locate in cities away from where they were trained. The standardizing of training schools must be followed by an equalization of methods and rules governing all lines of work, and perhaps the time is ripe for the reviewing and revising of rules governing registries and central directories, under the inspection and advice of a committee appointed by this body for that purpose.

The obstetrical nurse and the children's nurse both have a larger field than formerly, and the trained nurse who specializes in either of these lines can be of the greatest educational value in the homes into which she goes. Why nurses refuse obstetrical cases is a great puzzle to the medical man, to the would-be patient, and her friends. To care for the parturient woman,—to watch the tiny babe from its first gasping breath,—to know that she has helped to usher a new soul into the world,—to be the "guide, instructor, and friend" of the mother who is responsible for the being of that soul,—to watch the daily growth of the child's mind, and the unfolding of its little life in all its tiny winsomeness,—all are pleasures which it is impossible to realize that any woman wearing a nurse's uniform would willingly forego. I must also speak of the opportunities for special instruction to the mother as to the care of herself and her other children, as well as the infant in her arms, as here the nurse can properly enter her field of instruction along many household lines.

I will not attempt to quote *verbatim* from the recent address of Dean Russell at the Horace Mann Auditorium, but the impression of one of his remarks, as it was made on my mind, is this: As long as the nurse is doing purely remedial nursing she is necessarily "the physician's hand-maiden," but in the field of *preventive* work the nurse as an educator is recognized as a great factor. The nurse who goes into a family for a long or a short term of duty, and misses an opportunity to instruct that family, or some portion of that family, in hygiene, sanitation, moral prophylaxis, or some one of the many details which daily and hourly come under her observation, has failed in an important mission. The nurse as the public educator is more widely recognized than even one year ago, and these responsibilities will continually grow.

The nurses who have just graduated from their training schools have had this thought impressed upon their minds long before they received their diplomas. But is the older nurse who has been in the field for a number of years shouldering her responsibilities as she should? If so, why is the cry constantly for "new" nurses, the "recent graduate"? Are the older women keeping up with the day? A few of them do, but not all. A few know the most recent nursing text-books, and the newest thought of the medical profession on pre-

ventive hygiene. Can the others hope to be kept "off the shelf," so to speak, where are relegated all "back numbers"? Can the doctor or the patient be blamed if they insist on having a nurse on whose diploma the ink is not yet dry, but whose mind is open to receive new impressions, as well as to impart knowledge, her hands still adept in the most recent technic?

I, myself, would like to know how to deal with the sick jealous wife. A change of nurses is undoubtedly necessary, but as to warning other nurses *against* her,—that is clearly impossible if the woman is sick and needs care.

The "attractive widow," whose only need for a nurse is to act as a chaperon while she is carrying on a dangerous flirtation, should, no matter how "attractive" she may be, nor how large a salary she is willing to pay, be taught that under *no circumstances* will nurses constitute themselves a shield to immorality, nor protect her from the consequences of a flirtation,—if she is not sick and only needs a companion.

In all cases, the safe rule of conduct for the nurse to follow is to answer the call of *human need*. Sickness and suffering cannot be left alone because a nurse has scruples. If the patient cannot be removed to a hospital, or left in competent hands, then the nurse's work is ahead of her. The humanitarian side of the question first:—Can you relieve? Can you comfort? Can you help suffering humanity to bear its burden of pain and misery? If you are morally and spiritually strong, these trials cannot hurt you. If you fail in moral courage or spiritual strength, and do not receive strength from the Source of strength, then step aside and let another take up the work. But sick humanity, under any conditions, *must* be helped.

Our president spoke this morning of the nurse in her relation to social questions;—of the stewardship with which she is invested;—of the peculiar position of the trained nurse, which will allow her, in her womanliness, in her dignity, her purity of mind, to pass the gulf to the submerged under-world, and there, without contamination, without fear or dread, minister to the diseased body, as well as to the unhealthy mind. These things are true, and the private nurse has more responsibility, more is expected of her, more is required of her, than she oftentimes realizes.

As a last word, the phase of private nursing which stands out to-day most distinctly,—the clearest view we are able to obtain of the many, many duties and privileges of private nursing, is that of the nurse as the teacher, and the guide.

If that attitude toward your profession is the one always assumed by you, then private duty nursing will never be summed up in the word salary.

MISS DEWITT.—As to complaints, we know that patients who have a very good nurse with whom they are very much pleased are apt to keep quite still and enjoy her, while those who are so unfortunate as to fall into other hands do not hesitate to tell all their relatives and friends every foible that the nurse possesses. I do not think that because we hear many complaints there are so many nurses who are failing in their duty.

Miss Palmer, in her recent illness, said to me, "When I think how these nurses have been caring for me, how they put their health and their strength and their energy for long hours each day at my service, what skill, what kindness these young women, so fresh and so young, are giving to make me better,—I am filled with indignation to think that people will accept such services and

then find fault; and I am going to have a few things to say about it when I get up."

MISS ELIZABETH SHERMAN.—It seems to me it is not so much the fault of the nurses as it is the high standard that is set for the nurses.

MISS DEWITT.—The next paper on our program is a topic which might well occupy us for the whole afternoon, pro and con: "Special Duty Nurse in the Institution." We all know that there are great bundles of grievances on both sides. I imagine we should have a very lively afternoon if we could have every one in the audience speak her mind, if the superintendents would tell us all about the kind of special nurses they have had in their institutions, and if all the private duty nurses who have been employed in hospitals should tell us about their experiences.

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## THE PRIVATE DUTY NURSE IN THE INSTITUTION

By CAROLINE CRANDALL FOOTE

Chicago, Ill.

A GRADUATE nurse is supposed to be the finished product of an institution, a representative of that institution's best technic in the general bearing of proficiency, ethically as well as theoretically. As such, her attitude toward her hospital or another while on duty as a special nurse marks her more accurately as a woman than as a nurse.

In finishing the curriculum of the prescribed course, she receives a voucher or declaration of her efficiency in the technical part of her work-to-be, but what institution can protect itself or its patients by giving a diploma for the hundred and one unwritten laws which insure understanding, consideration, charity, and a grasping of innumerable situations which lubricate the smoothly-running machinery of life in and out of the institution? It is in this respect that the woman, not the nurse, shows through the professional veneer of a two or three years' course of training.

As we all know, there are two distinctly different types: the good nurse, who is not the fine woman in the broad sense, and *vice versa*.

In doing private duty in an institution the characteristic which stands for the most in a graduate's success is that of tact, which without doubt is of two-thirds importance in her value to both the institution and herself; tact being the more polite and curtailed interpretation of the law of co-operation, without which she should never attempt institutional nursing.

It is rare indeed in or out of the hospital life to eliminate the impression that most older graduates have, that things are not running, or being managed, as they were at their own time of training, which

only echoes the hackneyed expression of our grandmother's "When I was a girl," etc., and criticism of this character is poor form, to say the least.

The under-graduate, ever quick to note and be impressed by a graduate's attitude, however much she may disapprove,—makes a double responsibility of which the graduate should ever be conscious; living up to the highest ethical standards *for* the nurse in training. The lack of such responsibility is a very frequent impression of a graduate in an institution.

Seniority in the institution, being very like the degrees of rank in the army with its steps of attendant dignity and respect, is materially affected and its discipline broken by bad examples or indifferent conduct of a graduate who does not believe in its cast-iron rules.

It is true that to be ever before the limelight, so to speak, may become a strain which many find too severe, but, however obnoxious, the graduate is an example, either for good or bad, whether she will or no, and as such, *noblesse oblige*.

Two of the most important impressions of a private duty nurse in the institution, are of a tremendous responsibility in upholding one's Alma Mater, and of helping to establish an *Esprit de corps* among women who are bound together in a work which should be an inspiration for the best in all things, and not a commercial investment.

Make life as practical as we may, there is a something in the nursing life which sets it apart from other vocations of women, and where this something is lacking to those who do not understand, it is purely a business transaction.

As to the "many grievances which they think could be remedied," to quote from the request for this paper, it always seems a cry from a monument of neglected opportunities, a wail of the inefficient and self-pitying in the world.

We know there are institutions where the bodily comforts and the considerations of perhaps the average private duty case outside the hospital is absent, where no thought of quiet and rest to fagged brains and bodies of graduates is considered more than in a most primitive way, yet we believe it is the exception rather than the rule in our largest and best-known hospitals.

However, the graduate nurse may weigh the pro's and con's for and against the institutional work, selecting that which is not found wanting in the balance.

For the future, how much of the work in institutions the graduate nurse will be called upon to do, will depend much upon her attitude towards the hospital, in her example for good even against her skill as a nurse.

The inestimable value of coming in contact with the best-known and most skilled professional men of the times, also of becoming familiar with new methods, an utter impossibility unless one is at times in a hospital, must be realized by the graduate in keeping pace with her work; otherwise a professional suicide.

If one's training and experiences in life make it unbearable to conform with the rules and regulations, to the letter, of institutional life, it were much better never to accept hospital calls—thus avoiding a pernicious influence and deplorable example for the hospital heads to combat.

MISS DEWITT.—I think there are present some private duty nurses who do a good deal of special work in hospitals, who can speak on the side of the private duty nurse in the hospital, or perhaps some superintendents who have had in their hospitals a private duty nurse of the right kind, who has been an inspiration to her student nurses. How good it would be to hear that side.

MISS ISABEL MCISAAC.—It has been a good many years since I have been a superintendent and came in contact with nurses who came in for private duty, but as I recollect it, there were many more who did good work and were an inspiration than those that were of the other kind. Those who were an inspiration and an example to the younger nurses far outnumbered those who were not. I may have forgotten them, as we do forget unpleasant things as we grow older, still I am sure that the good ones far outnumbered the others.

MISS DEWITT.—Is there any superintendent or head nurse who could suggest some ways in which the special duty nurse in the hospital could be particularly helpful? Very often a nurse who goes on duty in a hospital would be glad to co-operate and glad to help, but she is a little slow and does not see her opportunities for herself.

MISS SMITH.—We would be very glad to have the special nurse a little more careful in her conversation. She has more time to herself and a less variety of things to think about, and if she could be a little careful, she has splendid opportunities for contributing little suggestions by way of refraining from shop talk, particularly.

MISS DEWITT.—That is a good suggestion to work upon. We hear of private duty nurses who go into hospitals on special duty, who have learned new ways in their own practice outside, little practical ways of doing things that have not crept into the hospital, because the nurses have learned them by adapting themselves to circumstances. If they share this knowledge with the student nurses, it may prove something very desirable to them as they go out.

I know when I used to be on duty in a hospital, as I was occasionally, it never failed that the student nurses would gather about me as we met at meals or in the halls and say, "Now do tell us what private duty is like." That is such a tremendous opportunity for helping them, an opportunity that we all ought to be so glad of. And, on the other hand, there is so much that the student nurses could tell us. There is something new, even if you have been in that hospital only six months before; and if we go into a hospital with the idea of wanting to give all we can that is helpful to others, as well as eager to learn, it may be made a most happy association, and not one giving rise to discord.

The third paper on our program is on nursing in rural homes. I think the nurse whose work lies largely in the city has no idea of the interesting problems of the nurse who goes into a farm-house and finds conditions all awry, conditions as bad as those of the city tenements,—where the people have all the windows nailed down, and the food consists of hot bread and salt pork. The nurse who does a good deal of country nursing is to my mind a very courageous and splendid person. The district nurse can go into the slums and work among the people, but she does not have to live with them. She can go home and take a bath and make herself decent and comfortable, but the nurse who goes into the homes of ignorant country people and lives with them for six or eight weeks at a time, on a hard case, does all kinds of work without adequate rest, and lives in unhygienic surroundings. She has to make most tactful suggestions as to the way of living,—here is a tremendous field of usefulness.

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## THE PRIVATE DUTY NURSE IN THE RURAL HOME

By MARGARET A. PEPOON  
San Diego, Cal.

Does nursing in the rural home differ from private nursing in the city? Is illness the same in town and country? Are conditions of living different? Is the attitude of the family toward the nurse different? It is impossible to generalize. So many different conditions exist in different sections and in different degrees of prosperity that if any statement were made in regard to nursing in the country numerous exceptions could be taken.

For instance, nurses as a rule think of rural work as service involving unusual sacrifice of personal convenience and of difficulty in ob-

taining comfort for the patient; yet some of us can remember country cases like the following:

The patient in a large airy room, bath-room with hot and cold water next door, kitchen on the same floor, pleasant room for the nurse near by, telephone, electricity, gas, and all modern conveniences, the family willing to buy all things desired for the patient, and more than anxious to relieve the nurse for sleep and recreation, and to place the whole beautiful home at her disposal as though she were an honored guest; beautiful lawns, gardens, conservatory, library, automobiles, and a grand piano.

On the other hand, it would be impossible for the visiting nurses of New York City to cite cases of greater difficulty in obtaining the essentials needed for the care of the sick than can be found in some of our mining districts, where wee tots, reading in the second reader, are taken from school and put to work in the mines, where little children have never seen a nightgown till the nurse, from somewhere or other, secures one for the patient, where ignorance is so dense that the well members of the family take the rest of the patient's bottle of medicine (when the doctor changes remedies) so as not to waste any of it; where the whole library of the home consists of an almanac.

Poverty is not the only foe the nurse must combat in the destitute home; stinginess is an even greater difficulty. In sections settled by the thrifty immigrant, ideas of expenditure founded on experience in the cheap living conditions of the old world cause the small farmers to deprive their families of all luxuries, and many things Americans deem necessities, in order to pay for the land. This is often a desperate struggle; the extra money to pay the nurse and buy what the patient needs is begrudged. In these homes one finds the little girls without drawers in the depth of winter and the whole family sleeping in unheated rooms, though the bed-rooms are so cold that the moisture of the breath forms frost on the edge of the bedcovers.

In such families the nurse finds it difficult to obtain a decent cup of coffee for her patient, because the coffee grounds are boiled over and over for economy's sake; even the children exclaim about waste if the nurse drops the soap into the baby's bath water, and the remains of the patient's meal are taken from the tray and eaten by the family. On wash day, the clothes are dried on branches of trees to save buying a clothes-line, and the nurse must devise some scheme for airing the patient's bedding.

Mrs. Anna L. Schroeder, in the *Nurse's Journal of the Pacific Coast*, describes her experiences in caring for a diphtheria case in such a

country home. In speaking of her arrival, she says, "If I should live to be a thousand years old, I should never forget the sight that met my eyes nor the stench that filled my nostrils. The members of the family were sitting up around the fire. The room was 12 x 14, with very little chance for ventilation, and contained two beds. After the little girl died, they had been afraid to lie down. The little putrid body had lain in the bed with them for six hours." She had been told that they were well-to-do farmers and could get anything she asked for if she insisted, yet the oldest boy had no night-shirt and she put one of her own gowns upon him the first night. There was no toilet of any kind and until the nurse came the diphtheria-infected excreta had been emptied upon the hillside to be washed into the nearest stream.

In these days when telephone, automobile service, gas, electricity, good plumbing, and good sanitation are available by those who have means in every community, the care of the wealthy patient is practically the same in town and country. In nursing the destitute, the problem is similar to what it was in the city before district nursing made it possible for the municipality to care for its sick poor. Can district nursing be carried on successfully in the small town and the real country? Has it been a success where it has been tried, if so, under what conditions? If it is not practical for ordinary country life what other form of organized effort is to care for our rural poor who *cannot* or *will not* go to the county hospital? These are questions of vital interest to all engaged in private work in the country and might be discussed with profit.

Perhaps it is in caring for the middle class that one finds the greatest difference between city and country practice. In town, this class of people who live comfortably and spend freely, is willing to employ a nurse when needed, and begrudges neither her wages nor anything that adds to the patient's comfort. In the country, these people as a class are more economical, and more conservative, inclined to look with suspicion on a woman who demands large wages for doing work the responsibility and importance of which they do not understand. They are busy people who have no time to relieve a nurse for her rest, accustomed to do without things which she may consider essential, and apt to expect her to do the same; and the nurse is lucky if they do not include the patient in the same programme of self-sacrifice.

In such a rural home a nurse of large stature slept nearly a week curled up in a baby's bed. As she was not relieved in the day time, and her only rest was in the baby's bed, the case proved pretty wearing. The excuse for this proceeding was that the men were husking corn

and unable to take time to drive to the neighbor's to borrow a cot bed.

Another case is told of a worn-out mother who went to bed when the nurse was secured, and the latter had to care for the two patients, cook for them, and also for herself, and obtain what rest she could in a Morris chair, as the only beds in the house were occupied by her patients. No provision was made for relieving her and when she asked for a bed she was told "we have no more beds." The idea of securing one did not occur to the mother.

It is almost impossible to realize what a godsend the arrival of a nurse is to a family caring for their own ill in an isolated location. In a home where the eldest boy was ill, the other children followed the nurse about, watching her every movement, and anticipating her least wish, each one anxious to fetch and carry for her, feeling her starched apron and admiring her cap and uniform with as rapt an expression as though an angel had come into their midst. . . . The influence of the nurse upon the children of the rural home is boundless.

Such a comfort to the mother to have some one to talk to in the long weeks when the usual country quiet is made more lonely by the doctor's strict orders "No company!" Such a relief for the home-keeper to drop the awful burden of responsibility—a burden heavy enough in town, with near neighbors to sympathize and help and the doctor near by—but in scattered country homes increased many fold! The importance of the nurse's mental and spiritual influence can hardly be exaggerated.

As to improvement in hygienic conditions one must *see* in order to *believe* the changes that have been wrought by a nurse's precept and example. Much has been written about what she can do to secure better ventilation, drainage, disinfection, good drinking water, pure milk, well cooked food, healthful dress, and intelligent care of the body.

Bright people often do dangerous things simply because their attention has never been called to the danger. A suggestion is often sufficient in such cases as the following: the indiscriminate use of carbolic acid, the habit of cutting corns or lancing boils with a dirty pocket knife, the common practice of stopping the drinking of water as soon as any symptom of kidney or bladder irritation arises.

Nowadays one expects to find every one informed as to the need of keeping a patient with a high temperature as cool as possible, yet a nurse tells of finding a little boy with a temperature of over 103°, in a bed drawn up near the fire, a long heavy flannel night-shirt completely covering him. The mother explained that the child had never worn night-shirts before, but one of the neighbors had insisted upon

getting them for him. When the nurse removed the night-shirt she found underneath a heavy drilling shirt, and underneath that woollen undershirt and drawers.

A nurse who thought everyone knew something about tuberculosis was thunderstruck at the conditions she found upon going to a country town to care for a case of tubercular pleurisy in a wealthy family. When she entered the room, which was so dark she could not see the patient, the odor was almost unbearable. Every door and window was shut tight, the shades drawn, and screens placed before every crack. A velvet carpet covered the floor. The patient, wearing a flannel shirt under her night-gown, and lying on a feather bed, was running a temperature of 103° plus.

The habit of doping is one against which a nurse can often enter a protest. Not only the patent medicine evil, but the custom in some families of keeping a "doctor book" and doctoring the family from the book will often be undermined by a line of thinking suggested by the nurse. Some member of the family develops a slight ailment. The nurse, supposed to be a walking doctor book, is consulted. "What had I better take?" Here is an unsolicited chance to use one's influence against the terrible habit of taking medicine for every ill.

The *need* for the well-trained nurse in the rural home is *very great*; the *demand* is *very small*, because the people cannot see the difference between skilled and unskilled labor in this profession and they will not make any sacrifice to secure what they do not appreciate. *We* must create a demand for the best, not only for our own sakes, because the number of nurses is increasing, and many cities are overcrowded with nurses, but because the country people need us. The people of Macedonia *needed Paul* though *they did not want him* and when he heard in a vision the voice crying "Come over into Macedonia and help us" he went, even though they cast him into prison upon his arrival.

The nurse who enters the field of rural nursing must turn her back on many things which she holds dear; must perhaps fight for every step in advance, but the road she takes, though steep and narrow, leads through the gate over which are written the letters that spell the name of what we are all seeking, *Opportunity*.

MISS DEWITT.—Miss Pepoon has covered the ground so well that we can do better without the formal discussion of the paper; but I know that all of you, especially those who were at the Associated Alumnae meeting in Richmond, where Miss Cocke was chairman of the Committee on Arrangements, will be sorry to hear that she, who was to have led this discussion, was taken ill in Washington and has not arrived. I hope some one in the audience who has

wrestled with particularly bad rural conditions and has come out triumphant will tell us about it.

Mrs. MORRISON.—I am from Oklahoma, but I am a New York graduate. I had a case a short time ago in a three-roomed house. It was a case of tuberculosis. The mother had had pneumonia, with tubercular trouble; you all know how it would terminate. She was the mother of eight children, with four step-children. They were living, as I say, in three rooms, with four visitors, members of the family. So you can imagine how they lived and what accommodations I had. Of course I would do anything I could for my patient. I was there three weeks, at the end of which time my patient died. I found it had been the habit of that family to tuck themselves into very close quarters. They were all afraid of the night air. They seemed to think it dangerous. Before I left, I convinced them that the night air, fresh air at any time, was what they needed. The husband, when I left, told me that he never had feared tuberculosis as he did after his wife's death, he never thought there would be any harm in it; but he said that if it was necessary he should touch a match to the house and burn it down. The house was very thoroughly fumigated. I did nothing but talk fresh air all the three weeks I was there. Every one that came into the house, children and all, thought it was dreadful—it was in cold weather, as cold as they have in Oklahoma—that I had the windows wide open. I just talked fresh air to every one, and I know that if I didn't do any good with any other family except this one, I *did* help them in the way of knowing what fresh air meant.

I find a great many such places. I went from a hotel, where I had every convenience, and my next case, four hours afterwards, was out in the country, in a log house with two rooms, where there were no conveniences at all. We find those all through the west. I do not mean to say that all of the cases are of that kind, because we have some very fine places to go to, but I have a great deal of rural work. The cities supply the nurses. Most of the nurses in Oklahoma come from other states and we have no large training schools there as yet. The country doctors send into the large cities for their nurses, when they can persuade the patients they must have them, so we have a great deal of rural work in that state.

Miss DEWITT.—That is true missionary nursing and leads us by the most natural step in the world to our next subject on the program, "Missionary Nursing," which I asked particularly to have considered at this convention, because in the JOURNAL office we are having, month after month, the most urgent pleas for missionary nurses, of all denominations, Protestant and Catholic, and we cannot find them to recommend to those who ask for them. They turn to us, thinking that we will know. We can publish the appeal, but we don't know where to find the nurses. I am convinced that the reason is, not that we have not nurses of missionary spirit, but because nurses do not know the demand there is for them on the mission field. As medical work is being more thoroughly established in the different countries, doctors need women nurses to go in and work with them. To-day we have with us two who have done actual missionary work, and they are going to tell us something about it. I think they will inspire some of our members to go into that work, because we want to help those who need us there as well as those who need us here. We do not want to have it true in any part of the world that nurses are needed and are found wanting.

## OPPORTUNITIES FOR NURSING IN CHINA

By SADA C. TOMLINSON  
Anking, China

IN the few minutes in which I may speak to you, I want to tell you of the great opportunity for, and the great need of, the trained nurse in the foreign mission field, to interest you, if I can, in missions. To do this, I must speak to you of the only portion of the foreign mission field of which I have any practical knowledge, which is China.

You've all doubtless heard a great deal of the awakening of China, heard her characterized as a monster, stretching herself and opening her eyes after sleeping a thousand years. You may know that her people call her "Djung Gueh," which means the middle kingdom, and in former times thought of her as enclosed in a huge circle, touching on all sides the extreme limit of a square, flat world, leaving four small corners, "Mai Gueh" or outside kingdoms, inhabited by barbarians, and as long as China retains her present mode of writing and her ancient literature, just so long will she continue to consider all westerners as barbarians, from a literary standpoint, as possessing that only too utterly new to be of any real value.

But during the last ten years, the student class of China has been rapidly opening its eyes to the fact that there are other pursuits than the literary, worthy of their attention. China is calling in men from our great colleges and from England to teach the young men in her government schools—modern languages, chemistry, athletics—she is calling in foreigners to instruct her officers and drill her armies. These facts are due to many sources, but largely, though often indirectly, to the army of foreign workers within the empire, laboring unceasingly to broaden and give direction to her awakening energies. Travel among the upper classes is growing to be as much the vogue as it was the vogue fifty years ago not to know of anything outside the Chinese Empire.

Hand in hand with this progress has come the building of hospitals, more or less on the plan of hospitals of this country to-day. These hospitals are monuments to the tireless energy of a few physicians. They were built for the most part by money given in this country, by people who believed, as did the physicians, that if hospitals were placed where the need is so dire, there would be those willing and anxious

to go out and man them, making them the efficient weapons they should be against ignorance and disease—an educational and beneficent influence to all who come within their radius.

The question before the medical and nursing professions of China to-day, is—was their belief justifiable? There are a great many good people in China, on a far higher plane spiritually than we are (unless this assembly differs vastly from most assemblies of nurses), and these people are largely of the old and tried, who have been in China at least 10 or 15 years—they believe that their motto is “The greatest good to the greatest number”—by which I gather that they mean, we must do the most we can for the greatest possible number of patients, even to the detriment of the quality of our work, and if you try to find out how they *dare* to do less well than they know, they will reply, “But think how superior our poorest attempts are to anything they have ever had.”

Quite true, for before the foreigners brought it, there was no such thing as surgery in China, and their doctors are the veriest of “medicine men,” filling their patients with ground glass for indigestion, and thrusting red hot needles into the eyeballs for some trifling eye disease: but what of these people who are willing to give less than their best? The fact is, most of them are daily giving of the best, but they are willing, for the sake of what seems to them expediency, to have us of the medical profession give less than our best. Among people of this way of thinking are a few doctors who have been in China many years.

Is it that they see too many obstacles in the way? They are not the men to stop at obstacles. Have they forgotten the strides their profession makes yearly? Is it that they themselves have fallen behind and grown careless, that they underestimate the value of—well, asepsis for instance? Yet it is due to the superhuman efforts of these very men that we now are able to begin the work as it should be done. Please remember I did not say all the doctors who have been many years in China are of this mind; they are not, I am glad to say. We can only wonder how they keep abreast as they do; we know it means every vacation or furlough spent in Vienna, Berlin, England, or this country—not in rest but *work*.

We are not to-day the pioneers of the medical profession in China, though we may be the pioneers of the hospitals conducted on the American plan, and of the training of the student class in the profession of nursing.

But if these veteran workers are right—then the time has not

come to train native nurses for China. I need scarcely present to you the result of turning out upon any country (least of all a country in a state of ferment that China is in to-day) an army of slipshod, careless nurses, in their turn to instruct nurses certainly not less careless and slipshod.

But there is in China a small number of doctors and nurses who believe that the time has come to give nursing as a profession to the student class in China—the very magnitude of the work demands it—and if this is the case, the best we can send is not too good. This small company also believes that its motto is “The greatest good to the greatest number,” ultimately. In several hospitals, more or less, I should say less, successful attempts have been made to train the lower classes as nurses. In St. James Hospital, Anking, on the Yantse River (where I have been for the past two years) has been made the first attempt, so far as I know, in Central China, to establish a training school in connection with the hospital, thus giving nursing as a profession to the student class of mandarin-speaking men and women. I think I may say so far it has not been unsuccessful. In the next five years it should prove a success, and will doubtless be adopted by all the hospitals. If the profession is to claim and hold the best of the student class, it will be through the services of nurses, the best our hospitals can train,—capable, attractive, adaptable women, who know what it is to fight, and love it—who are not afraid to meet difficulty and overcome it.

If now we can give nursing to the student class of China, we will give our profession in the Empire a forward impetus of a hundred years at least; for if now the profession is given to the lower class, the evolution by which it will come to its own will be painful and slow,—how long will China have to look for a Nightingale?

The standard of good work has already been raised there. I know of one nurse from Blockley, Philadelphia. She is doing splendid work. She has been doing the work, nominally, of two women—it should be allotted to three. How long can she keep on if nobody goes out to help her? I don't know. What will she do? Will she be content to lower her standard of work and give less than her best because of the great pressure on her? I think not. Will she give up and come home rather than give less than her best? Maybe so. Will she drop at her work, or, worse, ruin her health? Will we let her? Will you and I miss such an opportunity? I know a nurse from my own school (Boston City), a Johns Hopkins nurse, a Roosevelt nurse, a Wellesley woman in the Yale mission—she is still contending with the

language. In a year she will open, on American lines, Dr. Hume's Hospital at Chang Sha, where the Yale mission is located. How long before she'll be begging for an assistant? You can't teach in practice and theory, direct the training school, know about every patient and inspect every corner in the hospital, and be the operating-room nurse, and do it all well!

People say, "There's so much to do here, why not do it first?" Just because in the attitude of China at present there is an opportunity that will not wait; it must be grasped now, or in a few years it will have gone on to the place of lost opportunity, another witness to selfishness and neglect.

A friend was asking me of my work, and I said, "Oh, it's really a big situation to be slung, and of course it's fun to sling it." She said, "But why can't you do the little thing so close, instead of going way out there?" Well, the thing I'm trying to do just now is to help the people who have said, "We will crush tuberculosis out of our land," and it is n't in any sense little, but, this country once thoroughly aroused to its danger, how long will it take? Some people say—years. How many are there prepared to fight, compared with those equipped to intelligently fight in China?

In the United States are 90 million;—in China 400 million.

In the United States are 152,000 physicians and surgeons; in China, 207 men and 93 women doctors.

Many people here are superintendents of great training schools—you can't go out there—I'd be the last to want you to; some of you are an inspiration daily to every nurse who works under you, but you might find ways to let your nurses *know*,—you want them to be broad, you might have people let them know—what their profession is doing in foreign lands.

"But these people have their religions." There are Confucianists, and Buddhists, and Mohammedans—yes, they have—and Buddhism and Mohammedanism and that splendid moral code of Confucius are, I believe, that salt that has saved China.

But are they affecting the life of China to-day? No, they are not. They've done their work, and they are dead. Have we nothing to give China more vital to take their place?

People will say, "Oh, it is all right to give them medical aid—but Christianity, I don't believe in it." Oh, don't you? Go out then, and look at the women and the little children in China, and maybe you'll feel that you'd like to give them something. Have you something better than Christianity? The people who say these things are

products of Christianity—owe everything they are, every humane instinct they have, to Christianity.

I heard a preacher in St. Paul not long ago say that there was only one sin—I had n't been listening to a word he had been saying, but that sentence caught my attention—I knew before he spoke the word—it was “selfishness.” I'd never thought of it—everything is traceable to it.

Many of you can't go. I know it. Some of you maybe can. Do you think it would be interesting? Don't you think it would be worth while? If you do, look into it. Come over into Macedonia and help us.

MISS DEWITT.—I wish Miss Tomlinson could speak in every training school in the country. I do not believe people would be begging in vain for missionary nurses. I wish some of the superintendents who would like to have their nurses hear such an appeal would write to the Church Mission Rooms in New York and see if they could not get her.

MISS R. B. TOUPET.—Do the nurses have any special religious service to perform?

MISS TOMLINSON.—They may in some missions. We have quite as much as we can possibly do with our own work. Of course there is never any telling. As soon as you speak the Chinese language well enough, then people will ask you questions. It is as little as you can do to answer. It would be absolutely impossible in a big hospital where you are unable to speak Chinese. I believe in some missions nurses vary very largely from what I do myself. I myself could not preach it; if I can live it, I shall be very glad.

MISS R. B. TOUPET.—Many of the letters that we have from missionary nurses also refer to their nursing work as being preparatory to some spiritual work.

MISS TOMLINSON.—I don't know. It may be so. There is a lot I don't know.

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## THE AWAKENING WORLD

By SAMUEL M. ZWEMER, D.D., F.R.G.S.

Arabia

MADAM PRESIDENT AND MEMBERS: After having been under the tutelage of a trained nurse for fourteen years, who was a graduate of a training institution and did post-graduate work at Sydney, and then went out to Arabia as the first white woman to begin work among the Arab women, and with whom I helped to fight one campaign against plague and two against cholera, I have less hesitation in speaking to this convention. If any one has admiration for the profession of nurse, I am sure all your foreign missionaries have.

There was a time when the emphasis in missions was on the theological note, when the preachers spoke of the “heathen,” as we

then called them, the non-Christians, as without Christ, without hope, and without God. We cannot abolish that statement, but the emphasis to-day is on the sociological note; and I am willing to make out a case for the non-Christian world by saying that they are without soap, without civilization, without schools, without hospitals; and in so doing I believe I only bring back the emphasis where my Master and yours put it nineteen hundred years ago, when He based the whole of Christian service on the sociological note—"I was sick and ye visited me."

And the first point I want to make, I am sure you will all admit, is this: that the horizon of opportunity for American nurses and physicians is not limited by the boundaries of these forty-four states and territories, but that the real horizon for American nurses is as wide as the world. There are to-day four hundred missionary hospitals and seven hundred and eighty-three dispensaries, so called, and these dispensaries are a sort of out-door annex to the largest hospitals. In the four hundred hospitals there are treated every year no less than 8,556 in-patients and no less than 6,444,000 out-patients, by American nurses and physicians. You will find these hospitals located on the Congo, the Nile, the Niger, in the wilds of Africa, north, south, east, and west, in the heart of Asia, India, China, Japan, and in every Moslem land. They are there because there was some American physician or some American nurse who saw greater opportunity and greater need at the antipodes and went in obedience to Christ.

Before I speak of the present opportunities for missionary nurses of all sorts, I want to read a list of the actual needs. To-day there are twenty nurses desired to sail before October or November on the part of these missionary boards: The Protestant Episcopal Society wants four trained nurses for China and the Philippines; the Baptists, two for East China; others are needed for Africa, Arabia, and India by various boards; while the American Board desires no less than four for Turkey, and two for China and the Philippine Islands.

These scores of opportunities are simply typical, and as candidate secretary of the Student Volunteer Movement for the last three years, while on furlough, and now going back to my field in Arabia, I want to assure you that new appeals are coming in continually; and that we can place, perhaps, throughout all the mission fields of the churches, more than forty or fifty trained nurses every year.

I think the qualifications required of trained nurses are simply their professional ability, Christian character, together with a Christian courage and tact and willingness to work with others and win others in the spirit of self-sacrifice.

Now there are three reasons why you should open your eyes to these opportunities. First, I think the main reason is that of the unity of the world. The time has passed when you can divide the human race or the map into water-tight compartments. We are all one. As Joseph Cook said, "The nineteenth century made the whole world one neighborhood; the twentieth century will make the whole world one brotherhood." Our daily newspaper joins together by lines of humanity and of service in a common plea for the suffering and sorrow of those that need us. Not only the daily press but the consciousness of the human race and the advancement of science has proved beyond the shadow of a doubt what the Bible tells us, that "God made of one blood every nation to dwell on the face of the whole earth." You cannot tell by microscopic tests, or any scientific test, the least distinction in blood between the different races of the great human family. If the seismograph in Washington registers an earthquake in China or Japan, then the seismograph of human sympathy registers in New York or Philadelphia the famine of India and the massacres at Adana in Turkey, and the persecution of our Jewish brethren in Russia. And you have no right to limit your horizon as nurses by a mere provincialism of professional training as if you were only American nurses. The whole world is your field of labor.

I love those words of the Roman Catholic poet, Father Tabb, who died some months ago in Baltimore:

"A Little Boy of heavenly birth  
But far from home to-day,  
Comes down to find His ball, the earth,  
Which sin has cast away;  
Oh, brothers, let us one and all  
Join in to get Him back His ball."

And if you and I can get the conception of the real unity of the human race, then we will never more have the conception that because we are white we are better than anybody else.

In Harper's Weekly a few years ago there appeared a poem which I think is worth reading from. It was called "The White Slave's Cry."

"We are the chosen people  
Look at the hue of our skins.  
Others are black or yellow;  
That is because of their sins.

“We are the heirs of the ages,  
Masters of every race;  
Proving our right and title  
By the bullet’s saving grace;

“Slaying the naked red man,  
Making the black one our slave;  
Flaunting our color in triumph  
Over a world-wide grave.

“Indian, Maori and Zulu,  
Red man and yellow and black,  
White are their bones wherever  
They met with the white wolf’s pack.

“We are the Chosen People,—  
Whatever we do is right,—  
Feared as men fear the leper,  
Whose skin, like our own, is white.”

That is keen sarcasm, but you cannot read the story of the American Indian or the story of China or the story of Africa without feeling that in the sarcasm rings a note of conviction and sober truth.

Now the foreign missions, if you choose to call them such, give the lie to that sentiment and make the responsibility of service world-wide. The unity of the race is the first reason why we should give our lives in service to China as well as to America.

In a sense I suppose every nurse is a missionary. I am sure of one thing: every missionary, *nolens volens*, has to be a nurse; and alas! we are not trained for the business.

The second plea for missions is the plea of opportunity. Can you point out a single country where you would not be welcome to-day as a nurse? You cannot point out on the map any place in the non-Christian world where you would not be welcome as a nurse, a physician, or a teacher of hygiene and nursing.

I helped draw the plans for the first hospital ever built on the east coast of Arabia. To-day that hospital at Bahrein has two doctors in charge and last year they had 17,800 patients. We are building a second hospital at Muscat, Arabia, and one at Busrah. Along a coast line of a thousand miles there are these three places, and three only, where a sick man or a sick woman or a sick child can receive scientific treatment. In the whole of Arabia, with a population of eight million

souls, there are this afternoon possibly less than a score of physicians, counting both government doctors and missionaries, for the population of eight million. You can find whole countries like Afghanistan and Tibet and Chinese Turkestan and Bokhara, the great Sudan and Somaliland, where there is not a hospital in the entire country. If you wish to gain a sense of proportion draw a hospital map of Ohio or New York and then draw a hospital map of China or Africa. That will show you the places where there is a chance for service to humanity.

Everywhere abroad there is opportunity. Japan to-day is leading the whole Orient. Japan perhaps no longer needs physicians, because missionaries have introduced medical learning into Japan. China, with its four hundred millions, has made its plea to-day before you by one of its missionaries; and when I think of China I think of what Lincoln said of the "common people": "God must love the common people, because he made so many of them." God must have loved the Chinese, because there are so many of them—one-fourth of the race.

Who can help feeling indignant when the press talks about "rice Christians in China? Why, the Chinese Christians are our examples in unselfishness and devotion. Tens of thousands were cut down in the Boxer uprising. They know their new religion; they love their new religious people. And like that Korean Christian who had to learn the Sermon on the Mount, after failing twice came back the third time and said he had learned it. "How have you learned it?" He said, "I could not learn it from the book, but I practised it on the heathen Koreans until now I know it by heart." That is the way they apply truth.

The non-Christian world suffers the horrors of ignorant superstition and quackery, absolutely without value to the patient. They prepare talismans to ward off sickness when smallpox ravages among the children and cholera is prevalent in the cities,—cities where the common water supply and common sewer are the same stream! Busrah has eighty thousand people and not a mile of sewer-pipe; in Teheran and Tabriz, Persia, nearly the same conditions prevail. Think of the opportunity throughout the whole field. You cannot mention a single country in the non-Christian world or read a single book of travel on that country without feeling there is surely great opportunity for the trained nurse.

I read a recent book on Somaliland, a journey of two women hunting for big game in that great country and they say: "We are not physicians, but to-day we tried to minister to a poor woman with

a high fever. We are not physicians, but to-day they brought to us a man who had his leg broken and who came a distance of ten or twelve days' journey with a caravan." The whole world is crying out for physicians and nurses. Shall we answer them?

It is not only the cry of opportunity but the cry of importunity. Let me read the testimony of a woman physician who went to Arabia:

"During my two weeks here we have had twenty operations on the eye, one amputation, the removal of a large tumor, and numerous teeth extractions. In medicine we have had pleurisy, pneumonia, tuberculosis, tetanus, smallpox, leprosy, paraplegia, different varieties of heart lesions, and other interesting cases. In gynæcology we have had the usual run of inflammations and displacements, with atresia for a specialty.

"One of the peculiarities of the people here is that they never present themselves for treatment until the disease is far advanced, but of course there is an excuse for them in some cases, as they may have suffered for years before there was a hospital to come to. About seventy-five per cent. of the people seem to have eye-trouble of some sort. Trachoma, trichiasis, ulceration, and opacity are the commonest forms; yet inside a week one meets everything from simple opthalmia to panophthalmitis. In fact, one would have to be a specialist in every branch of medicine and surgery to do justice to the amount and range of material which presents itself."

Statistics tell us there are a million blind people in Egypt, half blind or totally blind, and conditions are no better in China or Persia.

Think of the possibilities of teaching hygiene in countries where they have never learned the very first principles of cleanliness. Think of the possibilities of doing your very best, and, if you please, incidentally, if in no other way, being a living example of that great and first missionary who went about doing good, opening the eyes of the blind and healing the lepers.

Believe me, there are only three possible investments of life, mine and yours; and Jesus Christ, whom we all respect, whatever our creed, the great Lord and Master of us all, has put it down so simply that all can understand. Hear his parable: "Neither do men light a candle and put it under a bushel, or under a bed, but on a candlestick." The bushel is the symbol of gain, from Shanghai to Chicago. The bed is the symbol of ease, from Patagonia to Alaska; and the candlestick is the symbol of service. Physicians, trained nurses, and every one who has a special talent for service, are deliberately every day putting their lamps under a bushel, under a bed, or on a candlestick. Where shall yours be put?

I had a little girl in Arabia who used to go into the hospital there and sing to the patients; she now sings with the angels. The song she sang most of all and most sweetly was this:

“ Jesus bids us shine  
With a clear, pure light,  
Like a little candle  
Burning in the night.”

In this world of darkness he bids us shine. Shall we do it?

MISS DEWITT.—I want to say about Dr. Zwemer what I did about Miss Tomlinson. I think if any one wanted very much to have her pupil nurses hear him she could manage it by communicating with him at the rooms of the Student Volunteer Movement. If there are any ready for any of these twenty places that are calling for nurses, if they will communicate with the Student Volunteer Movement, 105 East 22nd Street, they can hear all about it. I hope that as a result of these talks we shall have our intelligence increased, our interest aroused, and that there will be some representatives from us. The age limit is about thirty-five. There would not be a great majority of us in this room who could go even if we wanted to. But we all have influence, and I am hoping that there will be a greater number to meet the demands that are constantly coming, as a result of our conferences to-day on missionary nursing.

THE PRESIDENT.—I think you have found this a most instructive, inspiring, and helpful session, and I am sure we are all most indebted to Dr. Zwemer, who has come here to make this perfectly splendid speech. I have something in store for you yet. At one of the sessions of the Superintendents' Society held on Monday or Tuesday, I have forgotten just which, those who were there were very much interested in the account given by Mr. Parsons, of New York, in regard to the work they are doing in connection with the hospitals in the establishment of small gardens, and I asked him to come here this afternoon and say a few words to us in regard to this work. It seems rather a peaceful occupation after the stirring things we have discussed, but as Mr. Parsons told us the other day, it was the original occupation of women before the necessity or thought of missionaries began; so that it is not altogether inappropriate that he should come in now.

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## CHILDREN'S GARDENS

BY HENRY GRISCOM PARSONS

New York City

I REPRESENT an organization in New York City, of which I am the secretary, talker, practical adviser, and general advance agent. Our business in life is both to convince people of the value of children's gardens and, where the demand is important enough and where able to do so, to help establish the gardens. Such an opportunity came to us last spring and we started such a children's garden on the grounds

of Bellevue Hospital. One of the old city ferryboats down there is in the water alongside the grounds of Bellevue Hospital,—they try to keep it tied fast,—and right at the gangway I excavated a piece of ground fifty feet square and then filled it in with loam and painted the fence around it green and cleaned up some other things and made a garden for twenty children. There were at that time about thirty-five on the boat. These children are in various stages of tuberculosis. Some of them are consumptive and some of them are not; some of them have bone trouble of various kinds, but they all belong to the class of tuberculosis, and from our previous experience we felt that a garden was just what was needed for those who could move around, get up and have a little activity, and it has been very successful. Please, before I forget it, let me tell you the address of this garden and two others, so that if you have an opportunity you can visit one of them. Bellevue is at the foot of east 26th Street. You just go in the gate and ask for the children's garden. One I have just built in Public School 177, Manhattan, is at Market and Monroe Streets, just east of Chatham Square Station, on the Third Avenue Elevated, about five or six minutes' walk. That will give you a better idea of the garden than Bellevue's, because Bellevue has not as many flowers in it as yet and is not quite as far along.

Then there is a garden at the foot of West 53rd Street and 11th Avenue, and some of the nurses have already visited it. As soon as I got through talking Wednesday they must have gone straight there, because Mrs. Parsons told me they got there at twenty minutes past five and I finished about twenty-five minutes of five. So they made fast time. If you want to see children in that garden try to get there after three and before five o'clock, except on Saturday; on Saturday you might see them at any time, except at the noon hour.

At Bellevue Hospital, where the original garden was laid out for twenty children, the demand was so strong that we cut each plot in half and made room for forty children. Then as the number changed on the boat there were all the way from twenty to forty children, each owning a small garden.

The one in charge of that garden last year was one I had trained, not a nurse. We tried to get the authorities to have a nurse trained for that work, and we are making efforts to bring to the attention of nurses the desirability of learning, as part of their work, something about how to conduct children's gardens; for I am sure many of them will find it interesting work. I received, two days ago, a letter from just such a person, a nurse who says she is breaking down under the

inside work and would like to have some outside work and wants to know where she can learn about gardens. At the school down town, under the Board of Education, there is a piece of ground which I also made, fifty-one by fifty-four feet, and there is room on that for fifty-six children, each having a plot of sixteen square feet. That will give you also a typical child's garden. The one at 54th Street has room for nearly five hundred children at a time, on three-fourths of an acre.

It will especially interest you nurses to know that during the past three years, the Crippled Children Driving Fund of New York City has brought to the DeWitt Children's Garden crippled children, many of them so much crippled that they must be carried from the wagon to their plot. The number has averaged about one hundred and fifty annually, different children, who have had the opportunity to work in the ground at growing plants, had a chance to harvest some of their plants; and it may interest you to know that by putting these crippled children, the ones who have something the matter with them, either in plaster or something of that kind, on paths four feet wide, they did not have much difficulty in doing some of the work. We have had some rather striking and touching incidents there. We had one boy without feet and one boy without hands, and the two together made a whole boy, and they worked the plot between them. There have been a number of that kind. We had a girl there who was born without one hand,—the left hand she had; and she used the good hand and got so she could cultivate very nicely with one hand, using the hoe. To place before such children these opportunities is often very touching. We feel it very keenly, and I will admit if we did not see the funny side quite as keenly it would be probably more than we could stand.

The work is going to spread. I can tell you frankly that several hospitals are getting interested. They want to know about it, want to know how it is to be done. I believe the time is coming, whenever children are kept in a hospital after they are out of bed they will want a children's garden to interest the child, give them some education that they really need, keep them in the fresh air and sunshine. One thing that the garden does for the child is too often left out of strictly scientific treatment, and that is real happiness. I have seen children that have been fed on eggs and milk and meat and, as I said the other day, regular training table diet, to fill their bodies with as much energy as possible to combat the disease, and then told to go lie down and be quiet. Well, a child cannot do that, and then you have no right to call a child bad if they wiggle or even fight. It is not just natural fighting condition, it is the abundance of animal spirits. Now

garden work, fortunately, is about the safest work they can do. There is as little opportunity for overstrain as any work that is of interest to the child.

At Bellevue, and even in this new garden away down the East Side, the wild birds are visiting already. They seem to pick out these little spots of ground as they fly by, and the children have seen robins, thrushes, and cat-birds this year, and I have seen bees hovering around plots where there were only two plants, and no others in five miles. How they get there I don't know.

It is one of the most marvellous means of bringing the country to the child who is shut up. Those who do not know will hardly realize how a small piece of ground will accommodate a great number of children or how a great variety of interest can be brought to the child.

If you want to know any more about this movement the office is at 1133 Broadway, Room 1515. You will address Henry G. Parsons. We have some printed matter, and we only want to hear from those who want to look further into it.

THE PRESIDENT.—I was particularly anxious to have this matter brought before you, because many of the nurses come from hospitals in the country, where it would be very easy to work out this plan of hospital gardens for the convalescent patients; and I think we are greatly indebted to Mr. Parsons for taking the time this afternoon to come and help us, after having devoted an hour to the Society of Superintendents. I feel quite sure that he will be repaid by seeing this plan spring up in different parts of the country through this little suggestion which he has dropped to you this afternoon.

I wish to announce the committee to consider the question of a memorial which we discussed this morning: Miss Aline, Miss Cooke, Miss Noyes, to serve on this preliminary committee.

Meeting adjourned.

#### FRIDAY MORNING SESSION

The meeting was called to order at 9.30 A.M. by the president, who called for the report of the inter-state secretary.

#### REPORT OF THE INTER-STATE SECRETARY

The state associations which are not reported failed to return the "official blank form" which was sent them.

Whether it was because of this new departure in sending in an annual report, or that there was nothing specially accomplished, it is impossible to say, but the majority of those received give very limited accounts of the year's work.

Out of the 28 state associations, only 18 responded; and out of 18 county and city associations, 13.

CALIFORNIA, with a membership of 1030, it will be remembered, was success-

ful in securing the passage of its bill for registration, but it was not until June 8, 1909, that the Board of Regents accepted the obligation placed upon it by the State Legislature. As the waiver expired in 1908 it necessitates all nurses taking an examination; this of course is meeting with the opposition of the nurses, and an amendment has been made, to be presented to the Legislature, in January, 1911, requesting that the bill be made applicable to the present, and also adding a reciprocity clause. Two hundred and eleven of the members volunteered for service in the American Red Cross.

COLORADO, with a membership of 96, has been devoting the entire year to increasing the membership, which has been difficult on account of the nurses being widely scattered through the state. The workers in the association report that it has been hard to keep up the interest in the work of the association, although 879 nurses have registered.

DISTRICT OF COLUMBIA prepared a course of lectures, which were given during the winter and well attended, the subjects presented: Care of Sick Children, Diet in Typhoid, Nursing for the Neurologist, The Psychic Factor, What to Avoid and the Principles That Guide, Red Cross Administrative Methods for the Nursing Corps, New Surgical Devices and Methods of Treatment, An Argument for Equal Suffrage, Infant Feeding, Care of the Sick in the Navy, and others equally interesting.

GEORGIA reports 268 graduates registered, but the law is being opposed by physicians who own sanitariums, and by nurses in charge of the same, who are not interested in uniform curriculum, standards, etc. An amendment is proposed, which will prohibit superintendents of training schools serving on Board of Examiners. The association has contributed to the Associated Charities, is affiliated with the State Federation of Women's Clubs, with which it is co-operating to secure a compulsory educational law, and one to prevent child labor. It also contributed \$10.00 to the Industrial School.

ILLINOIS has 1272 graduates registered. The Legislative Committee was kept on the alert defending the law, as an effort was made to amend it "by increasing the number of examiners," but the amendment was lost. The association has been co-operating with the State Federation of Women's Clubs in almshouse reform; it has taken an active part in the work of social hygiene and tuberculosis. At Christmas time, the nurses disposed of nearly 600,000 Red Cross stamps. A free bed for nurses affected with tuberculosis in the curable stages of the disease has recently been established at the Edward Sanatorium, Naperville, Ill., a department of the Chicago Tuberculosis Institute. A fund is also being raised for the erection of a shack for tubercular nurses from any state. It is estimated that \$10,000 are necessary to put the project on a sound financial basis. Two thousand dollars have been secured by gifts from nurses, and it is hoped that the remainder may be raised by the sale of a postcard, which is a reproduction of a portrait etching of Florence Nightingale.

INDIANA has 1000 registered nurses. The Legislative Committee was advised that an amendment was to be presented by politicians to "have the State Board of Examiners made a part of the State Board of Health," and immediately the nurses circulated petitions asking that the law as it stands be continued. Since

then, the opposition seems to have disappeared. The association is anxious for an amendment to insert a reciprocity clause. The principal work for the year has been in getting all nurses to register. One of the members of the Board of Examiners is acting as inspector of training schools.

IOWA has a membership of 400, 69 new members added during the year, and none dropped out or resigned; the only state association holding such a record. Nine hundred and sixty-nine nurses have registered, and no amendments are considered necessary at present. The association has been instrumental in establishing visiting nurse work in one of the cities, and several associations have been organized through the state for this same purpose. There was \$56.50 contributed to the purchase fund of the *AMERICAN JOURNAL OF NURSING*, and \$21.88 to the tuberculosis scholarship at Columbia University.

MICHIGAN.—The law for registering nurses is in operation and 130 nurses registered, with a large number of applications pending, but the fact still remains that the nurse, appointed on the Board of Examiners, who was not eligible for office, refused to withdraw, which has necessitated legal proceedings against her, and comes before the Supreme Court in June. Ninety-four new members have been added since the last report, and 78 dropped for non-payment of dues, leaving a membership of 400.

MINNESOTA has been working hard to bring about affiliation of state, county and alumnae associations, with a view to reducing the membership fees.

NEW YORK.—The efforts of the association have been directed toward reorganization, but upon just what basis is not stated. There has been no open opposition to the law governing the registration of nurses, but there is some suspicion that amendments are brewing from commercial schools. The association is affiliated, as a body, with the National Red Cross. Central Registries was one of the subjects much discussed at the last annual meeting, and the imperative need of one in New York, and the latest report is that the New York County Association has decided to establish one, and final plans are under consideration.

NEW JERSEY, with a membership of 132, is suffering from a lack of interest amongst its members, but the officers have been making every effort to increase the membership by organizing county associations. It is federated with the State Federation of Women's Clubs, and co-operating with it in its objects, one of them being "Nursing in Almshouses."

NEBRASKA, with 162 members, secured the passage of a bill for registration in March, 1909, but is not satisfied with the clause on requirements, and hopes to amend it. The bill provides that the State Board of Health shall govern the Board of Examiners, it also is given the power to determine the requirements of applicants, but further states "that the nurses acting on the Board shall assist and *advise* the State Board of Health in the performance of its duties as prescribed in the Act." With no provision made for an inspector of training schools, the members of the Examining Board are endeavoring to instruct or advise those in charge of training schools to work for higher standards. The association disposed of 169,000 Red Cross stamps at Christmas, and also contributed \$50.00 to the purchase fund of the *AMERICAN JOURNAL OF NURSING*.

OHIO had no special work to report, as no annual meeting was held.

OREGON has a membership of 84, and is working hard to stir up interest and enthusiasm amongst its members. The question of establishing a central directory is the most important one under consideration.

OKLAHOMA, still in its infancy, secured the passage of the bill for registration for nurses, but no mention is made as to whether the law is in operation or not. The program of its annual meeting is evidence that the nurses are interested in all progressive movements of the profession.

PENNSYLVANIA.—The bill for registration passed on May 1, 1909, and the law is in operation, but is being opposed by the so-called National Board of Regents and the correspondence schools. It is hoped that an inspector of training schools may be appointed this year. The principal work of the association has been in connection with the bill for registration. A monthly bulletin is published.

TEXAS.—The law governing the registration of nurses is in operation, but is being opposed by graduate nurses and non-graduates, the reason given is that they cannot see what benefit it is going to be to them personally, and think it a state graft; 221 graduates have registered in spite of this. The association is working hard to increase its membership, besides agitating the establishing of a visiting nurse for tuberculous patients in different towns throughout the state.

VIRGINIA is doing good work—717 nurses registered. Opposition to the law has been threatened, but owing to the foresight and knowledge of the president of the association (Miss Cabaniss) they have, so far, escaped the pitfall of the courts and opposition of the politicians. Ever since the law has been in operation, the Board of Examiners has kept in touch with the training schools by members visiting them. The principal objects of work for the year have been the establishment of a sick benefit fund for nurses, soliciting subscriptions for the Hospital Economics endowment and for the purchase fund of the AMERICAN JOURNAL OF NURSING, also helping one of its members who has become blind.

WASHINGTON, 400 strong and full of enthusiasm and energy, is accomplishing much. The law governing registration is in operation and so far has had no opposition. An inspector of training schools, or state superintendent as it is designated, has been appointed. A fund for the building of a cottage for nurses suffering from tuberculosis has been raised, and the cottage is located at the Riverton Sanitarium and ready for occupancy, the amount for building and equipment being \$500.00.

#### *Report of County and City Associations Affiliated*

ALAMEDA COUNTY GRADUATE NURSES' ASSOCIATION holds monthly meetings at its clubhouse, combining a social hour with the business. A central directory for nurses is conducted under the supervision of the association and well established. A very marked increase in the membership is noted since the registration law went into effect. A course in parliamentary law was given during the winter, also talks on Nursing in China, by Dr. Caroline Merwin, a medical missionary, another on the Anti-Tuberculosis Movement.

GRADUATE NURSES' ASSOCIATION OF CLEVELAND holds monthly meetings and a social meeting is held twice a year. The central directory for nurses, established by the association in January, 1904, is in charge of a graduate nurse who has an assistant for four hours daily, and is in a flourishing condition. A yearly contribution is made to the Visiting Nurse Association of Cleveland, and last year a small contribution to the purchase fund of the AMERICAN JOURNAL

OF NURSING. The association is affiliated with the American Society for the Prevention of Tuberculosis.

REGISTERED NURSES' ASSOCIATION OF DES MOINES has been instrumental in establishing a visiting nurse association, and furnishes a supply closet for the same, also has a representative on the Committee of Boys' Club for the education of newsboys. A central directory is in operation and is to be put in charge of a graduate nurse this year.

HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS, took the initiative in entertaining the Nurses' Associated Alumnae last year in Minneapolis, which none will forget who were fortunate in being there. The association conducts one of the best central registers for nurses in the country, as Dr. Marion Mead, who is in charge of it and is with us, has told you. A course in parliamentary law was given for the members during the winter.

THE GRADUATE NURSES' ASSOCIATION OF INDIANAPOLIS has changed its name to "The Marion County Graduate Nurses' Association," and has been most active in settlement work and pure milk commission and is at present much interested in the agitation for almshouse nursing and school nursing. Each member contributes two weeks' service annually to charity work. The association is federated with the Federation of Women's Clubs; it has a central directory in charge of a graduate nurse. Contributions have been made to the Pure Milk Commission of Indianapolis and to the salary of the chief probation officer of the Juvenile Court. Subscriptions to the purchase fund of the AMERICAN JOURNAL OF NURSING were made by individual members.

JEFFERSON COUNTY GRADUATE NURSES' CLUB OF LOUISVILLE, KY., is conducting a very successful central directory for nurses in charge of a graduate nurse. A course of lectures was given including "Sanitation" by Rev. Caroline Bartlett Crane. A course in parliamentary law was a part of the program for the winter.

KING COUNTY GRADUATE NURSES' ASSOCIATION OF SEATTLE has the distinction of being the first county association to become affiliated, and has a membership of 175, ninety of whom have been added inside of a year. Its central directory for nurses has been established for six years with a graduate nurse in charge and been most successful. Steps have been taken toward the erection of a clubhouse. The association is largely responsible for the amount raised to build the cottage for tuberculous nurses. It has established a sick benefit fund for nurses, contributed \$80 to Parental Home for Girls, and is soliciting subscriptions for the purchase fund of the AMERICAN JOURNAL OF NURSING. It is affiliated with Federation of Women's Clubs.

LOS ANGELES COUNTY GRADUATE NURSES' ASSOCIATION, with a membership of 185, is conducting a central directory for nurses, which has covered all expenses in connection with it, since its establishment. The association is endeavoring to endow a bed at Barlow Sanitarium. Another of its objects last year was the enrolment of nurses for Red Cross service. It has contributed \$100.00 to the purchase fund of the AMERICAN JOURNAL OF NURSING, and \$40.00 to the Society for the Prevention of Tuberculosis.

MONROE COUNTY GRADUATE NURSES' ASSOCIATION OF ROCHESTER, N. Y., gave a course of lectures on home nursing to members of a Jewish Girls' Club and the Women's Civic Club. The program for the year included papers on Red Cross work, psychotherapy, modern methods in care of the insane, and central

directories for nurses. The sum of \$25.00 was contributed to the purchase fund of the AMERICAN JOURNAL OF NURSING.

SAN FRANCISCO COUNTY GRADUATE NURSES' ASSOCIATION, with a membership of 606, probably the largest county association in the country, gave a course of lectures on home nursing to factory women and to the Young Women's Christian Association. The central directory for nurses, established four years ago, with headquarters at the clubhouse, and in charge of a graduate nurse, is the principal object of work. The sum of \$150.00 was contributed to the purchase fund of the AMERICAN JOURNAL OF NURSING, and \$37.00 to the Milk Improvement Association.

SPOKANE COUNTY GRADUATE NURSES' ASSOCIATION OF SPOKANE is conducting a successful central directory for nurses. The sum of \$100.00 was contributed for the building of a cottage for nurses afflicted with tuberculosis and \$50.00 to the purchase fund of the AMERICAN JOURNAL OF NURSING. The members give their assistance to the visiting nurses when off cases and when called upon to do so.

GRAND FORKS GRADUATE NURSES' ASSOCIATION OF GRAND FORKS, N. D.—The "faithful few" in Grand Forks are making a brave fight for higher standards in nursing, and are receiving the support of the physicians in their effort. This association is the only nurses' organization in North Dakota, but the secretary reports that they are in communication with nurses in other cities regarding state organization, and feels confident they will accomplish it in time. It is estimated that there are over 300 nurses in the state, but the difficulty is in reaching them. Another year will undoubtedly find North Dakota enrolled on our list of state associations, through the efforts of the Grand Forks Graduate Nurses' Association.

WAYNE COUNTY GRADUATE NURSES' ASSOCIATION OF DETROIT held a series of lectures including "The Prevention of Infant Mortality," given by the health officer; "The Principles Underlying Co-operation in Social Service Work," by the secretary of the Associated Charities; "The Work of the Red Cross," and several papers on the work of the private duty nurse. The central directory for nurses is under the auspices of the association, having been established two years ago, and is in charge of a graduate nurse. The association netted the sum of \$203.00 from a dancing party, but it has not been decided "officially" for what purpose this is to be used, although many favor using it as a nucleus for a fund to provide nursing care for people not able to pay for the services of a graduate nurse.

SUMMARY.—California, Oregon, and Washington State Associations include the *Pacific Coast Journal of Nursing* in dues.

Wisconsin is the only state to organize since last year, and is the first state association to include the AMERICAN JOURNAL OF NURSING in its dues.

Of the 34 states organized, 31 are affiliated. Letters from North Dakota and Utah indicate that some spirit is waking up to the need for organization in these states.

Since the first report of inter-state work given in 1906, the state associations affiliated have increased from 14 to 31; county and city associations affiliated, 19.

Out of the thirteen county and city associations, eleven are conducting central directories for nurses. The total amount contributed for professional, educational, and philanthropic purposes is reported as \$2375.00, which includes

only a very small part of what has been contributed towards the purchase fund of the AMERICAN JOURNAL OF NURSING.

The subjects most widely discussed at the meetings of the associations were tuberculosis in all its phases, almshouse nursing, Red Cross work, central directories, moral hygiene, state registration, district nursing, school nursing, social service work, the nurse in relation to public health, nursing of the insane.

From 1906, when the office of inter-state secretary was created, to 1910 the membership by association has increased from 122 societies, representing 8500 nurses, to 182 representing 14,997 nurses.

The inter-state secretary is indebted to the thoughtful members who have contributed from time to time copies of *The Courier*, *Illinois Quarterly*, and *Visiting Nurse Quarterly of Cleveland*, which have been a helpful source of reference, and all of which are gratefully acknowledged.

Respectfully submitted,

AGNES G. DEANS, Inter-State Secretary.

THE PRESIDENT.—This seems a fitting time to announce a pleasant piece of news. The directors of the AMERICAN JOURNAL OF NURSING had a meeting last night and they convey to this association their willingness to contribute three hundred dollars toward the expenses of the inter-state secretary. A friend of mine happened to be in the audience yesterday, just to see what the meeting was like. I did not know he was here, but he happened to be here when the appeal was made for an inter-state secretary; and he said to me after it was all over, "Perfectly splendid! I will pay for the salary of the inter-state secretary." But I said, "No, not at all. This is nurses' work. We do not accept outside contributions, but if I find any difficulty in making good with the Red Cross I will call on you for its share." So I think we are now quite sure of the money for our inter-state secretary. I will now call for the Report on District Nursing, which will be read by Miss Sly, as Miss Lent, the chairman, is unavoidably absent.

#### REPORT OF THE COMMITTEE ON VISITING NURSING

The object of this committee was to make a special study of district nursing, and to keep in touch with its advancement and development throughout the country. We were also to note any literature having any bearing on this subject, and to record for reference where such articles might be found. As far as literature goes, Miss Waters' splendid book on Visiting Nursing stands alone, the most valuable reference book that we shall have for many years. It is needless to say that the AMERICAN JOURNAL OF NURSING constantly contains articles relating to various aspects of district work, to say nothing of the special department of Visiting Nursing. *The Visiting Nurse Quarterly*, of Cleveland, is not confined to local issues alone, but is a comprehensive journal for the discussion of the various problems relating to the visiting nurse and her work. There are similar articles in the *Nurses' Journal of the Pacific Coast*, so that as far as literature goes, we have constantly before us articles containing the newest ideas and increasing scope of all such activities.

In reading over the reports sent in by the various members of this committee, the chairman was impressed by the enlargement and development of district nursing throughout the country. Either new associations were organized

(often with but a single nurse), or else the force of the older associations was increased, in order to meet the growing demands of the work. From Minnesota comes the report that seven small towns either have or are about to have a visiting nurse, to say nothing of the great activities of the nursing associations of St. Paul and Minneapolis. We have nurses of all kinds—in general work, in specialties, such as obstetrics and tuberculosis; nurses in schools, playgrounds, milk dispensaries, and in work connected with babies and young children; nurses in charge of day camps and convalescent summer homes. The number of new associations and the volume of work done by the older ones, leads one to think that surely no other form of social activity can be making such a demand on public sympathy as is district nursing in all its branches. This tremendous increase leads one to stop and analyze this condition, to see what it means and where it is leading.

When district work was begun in this country thirty odd years ago, it was solely for the purpose of giving nursing care to the sick poor. To dress a wound, to care for a chronic heart case, to bathe and make comfortable an ill patient—such was the conception of the nurse's duties, and the appeal to the charitably disposed was made solely on this ground. The nurse brought relief to sufferers under intolerable living conditions, and it took great tact and ingenuity to obtain even the scantest results under the circumstances. These intolerable conditions were accepted as a matter of course, and the work was done without any object of improving conditions, but simply to bring to the patient such relief as his circumstances would permit. Much of the work done to-day is of necessity still of this kind.

The second stage in district nursing then came, and we worked for and talked about prevention. The nurse was the great educator and protecting agent. We pictured her as able to hold back vast epidemics of typhoid, to save the lives of thousands of babies; she taught the value of baths, fresh air, nourishing food, and was the dispenser of moral and uplifting ideas in general, all under these same intolerable living conditions, but tending in some vague way to improve them, not in the removal of these conditions, mind you, but directed to the individual as an individual, by which teaching he was enabled to survive longer under the same killing environment. It is true that a great amount of good has come of this preventive work, but to teach people to boil their drinking water and so avoid typhoid fever is a placid acceptance of a contaminated water supply.

We have now arrived at the third stage—some of us at least, those of us who have been in the work longest and are willing to face the truth. At best, we are but Red Cross nurses on the field of battle. As such, there is no doubt that we are extremely useful, but we must not delude ourselves by thinking that we amount to much more. In ourselves, we do not stop the battle.

For years we have been giving temporary relief in the way of skilled nursing care, under conditions that deprived it of three-quarters of its value. We have also been trying to teach underpaid, overworked, underfed, wretched, human beings how to live more hygienic lives. We have preached sunlight and air to people living in cellars and tenements; we have talked of nourishing food to the starving; we have preached the beauty of cleanliness to those without the strength or the incentive to be clean; we have nursed back and preached back, not to health, but to a continuance of life, shattered, enfeebled, degenerate

constitutions that are too weary to fight longer against the circumstances that have made them what they are. A nurse is employed in a mill town by a philanthropist to care for his employes. A man loses a finger. The nurse dresses the wound. When he is able, he goes back to the machine that maimed him, only to lose another finger in a machine that he cannot control. In the last analysis, that is what our work amounts to to-day.

But the awakening has come at last. Our eyes are now open to the facts. We can no longer continue to dole out surface relief and believe that it stands for anything more radical. While we have been nursing the poor, while we have in some measure been able to mitigate their condition, the conditions beyond our control have grown worse and worse. The amount of new nursing associations is a direct response to the increasing hardship of living conditions—the district nurse and the charity organization are the philanthropist's recognition of them. It is for us, who are in the thick of the fight, to tell him that we will not do. We are palliative agents, but the conditions of to-day do not call for palliative treatment.

I would not in any way seek to diminish the value of the nurse to the community. It will be many years before society is so reconstructed that our services will not be needed. I would like to call your attention to what I consider, however, the most valuable work of the nurse to-day. That is—her ability to collect *facts* and to present them to the public. There are other investigators who are more familiar than nurses with conditions in certain phases of life—factory conditions, steorage conditions, the environment of certain trades and occupations, but there are no agents more familiar than nurses with the *homes* of the people. It is in the home that we find the *results* of other conditions—everything is reflected back into the home. As workers, we have wonderful opportunities to collect the facts relating to the home life of the people, and we must present these facts—forcible, terrible truths, in such an array and in such numbers that they can neither be contradicted nor ignored. These facts must be collected by the actual workers in the thick of the fight—women who have labored untiringly and unceasingly for years, not for a period of a few weeks or months, but for a period long enough to have won the confidence of the community in which they live. The community will recognize that such a woman is neither a faddist nor an idealist, but will know that by reason of her long service she is one who loves her fellow-beings. While we are still willing to work on under difficulties that only a strong heart and a clear vision can survive, and to continue to give as heretofore such first-aid service as we can, we must realize that this is not the end of our work. I cannot think that we are only to remain Red Cross nurses. I feel that it is our mission to present to the public the conditions which demand our services and then defeat our efforts. It can only be through facts as we know them and truths as we tell them that these conditions may be radically dealt with.

MARY E. LENT, Chairman.

#### REPORT OF PUBLIC HEALTH COMMITTEE

MADAM PRESIDENT: I regret to have to report a chairman so inactive that this committee has not been able to do the work the other members were ready and anxious to do. That anything has been done is due to the initiative of

Dr. Hedger and Miss Dock. Dr. Hedger sent copies of the following circular to all the state associations and their replies constitute my report.

The circular is as follows:

"DEAR MADAM: You probably know the resolutions passed at the meeting last June concerning venereal prophylaxis. Have you established a committee in your state in accordance with that resolution? Are they working and in what lines? The lines covered were: Ascertaining and reporting on existing laws and their enforcement; reading and recommending reading for the protection of nurses; reading for the teaching of children; making and recommending courses for training schools; establishing similar committees in alumnae associations."

Eight replies have been received, three telling what has been done, two expressing a desire to begin work along the lines designated in the near future, and three reporting no work at all.

*Michigan* made arrangements to have an address on venereal prophylaxis in 1909, but the speaker was unable to attend. This year Dr. Hedger has consented to speak at their meeting in June. At that time a committee will be appointed to work in the state.

*Minnesota* has no committee at work, but the Ramsey and Hennepin County Societies have considered the subject at some of their monthly meetings and have had addresses made on the subject. The state association at its semi-annual meeting in April was addressed by Dr. Mabel Ulrich on the part nurses can take in the fight against the black plague. There has been no work done in the public schools, but the Women's Federation in St. Paul and Minneapolis seems to be alive to the importance of this subject and is working and teaching in many directions.

*West Virginia*.—Mrs. Lounsbury, president of the state association, devoted a large part of her annual address to the association to this subject, instructing nurses as to their duty in teaching mothers how to teach their sons and daughters. She has since spoken along the same lines to the graduate nurses of Kanawha County. She is working in the Charleston public schools this winter and is giving a series of talks in the school buildings to the mothers of the children. She delivered about eleven of these lectures to audiences varying from 16 to 95. In these lectures she spoke of the dangers of self-abuse and the instructions mothers should give their children. She also spoke of the terrible increase in immorality and how carefully boys should be taught its dangers. In two of the schools she gave talks to the boys themselves and also to the teachers of all the public schools. Charleston is fortunate enough to have a superintendent of schools who is anxious to do all he can to help in this work.

*Oklahoma* reports no work done yet, but seems anxious to keep in touch with the committee and to be instructed how to begin.

*Texas* reports very little done, but the president, Mrs. F. M. Beatty, is going to put the matter before the state association at its spring meeting. One of their difficulties is that nurses are not recognized in Texas as they are in the east and west and they have to be very careful how they proceed.

*California*, *Nebraska*, and *North Carolina* report nothing done this year, but all express the hope that another year will be more productive.

Miss Dock prepared and sent out the following letter:

*"To the Superintendent of the Training School or Hospital.*

"DEAR MADAM: In pursuance of a resolution passed at the Minneapolis meeting in June, 1909, recommending fuller instructions in venereal diseases, their origin, modes of transmission, and general as well as individual prophylaxis for nurses in course of training, the committee appointed for this duty begs to ask you whether you will consider inviting some thoroughly equipped physician, preferably a woman (as women seem to understand best how to instruct nurses on this subject), to initiate such teaching in your school, and also begs to inquire whether you would like to receive lists of suitable educational literature on moral prophylaxis."

The lists of literature referred to were compiled by Dr. Hedger, and Miss Dock undertook the work of having copies mimeographed and sent as wanted. Three hundred sets were made, and many of them were called for in answer to the letter to the superintendents. Many alumnae associations also called for lists. Remaining sets have been placed on the literature stand at these meetings and distributed.

In her capacity as international secretary, Miss Dock has also written letters to the countries in membership in the International Council of Nurses asking for committees and propaganda work in pursuance of the resolutions passed at the London Congress. The American Federation, having already undertaken the propaganda, received a copy of this circular letter as information only.

Respectfully,

SARAH T. COLVIN, Chairman.

#### REPORT OF THE TUBERCULOSIS COMMITTEE

MADAM PRESIDENT: To obtain the material presented in this report questionnaires were sent to thirty-three state associations and to seven other states, through addresses obtained from the Visiting Nursing Directory of the U. S.; twenty-eight replies being received. Of these, three were from state associations but recently organized; three from states too interested in obtaining registration to permit any side issues; one association reported that the work was so well organized that the nurses' co-operation was not necessary, and two associations received, but lost, the questionnaires.

Of the remaining nineteen, eleven state associations were interested in the tuberculosis campaign and showed their interest chiefly by talks and lectures on the subject. Illinois, Michigan, and Maryland had done particularly good work along these and other lines. Questions relating to the different groups of nurses engaged in sanatoria, hospitals for advanced cases, and in visiting tuberculosis nursing were, for the most part, so inadequately and variously answered that the questions were obviously poor ones. The answers may also imply that state associations don't always know what their members are doing, but for this year the committee will bear the brunt of the criticism. It is to be hoped that neither offense will be repeated.

Sixteen states reported graduate nurses working in sanatoria; fifteen states reported graduate nurses working in hospitals for advanced cases, though in most of these the actual nursing was done by attendants; fifteen states reported visiting tuberculosis nurses supported by state, municipal, or private funds. Seventeen associations reported members as personally interested in the tuber-

culosis work, Louisiana Association belonging in a body to the State Anti-Tuberculosis Society, and Maryland paying \$10.00 annually to the State Anti-Tuberculosis Association. Seven associations reported that members were officers in state and local anti-tuberculosis societies. Six associations reported special committees to co-operate with these societies. Six associations reported committees to investigate care of tuberculous poor in almshouses; in two states this was not considered necessary.

As to provisions for nurses who may have developed tuberculosis, Oregon has built a shack, Illinois is raising money to do so; a local organization in Los Angeles supports one bed, and Colorado and Ohio have considered so doing. In Indiana one nurse, who became ill, was cared for by her own alumnae.

Very unsatisfactory answers were given to questions relating to interest shown by local associations. In only three states were school alumnae showing special interest, although in many associations rather more interest has been evinced since the National Tuberculosis Congress in 1908.

To the question "Do the graduate nurses refuse calls to tuberculous patients and why?" Seven states reported "No"; one state reported "No, when registered for it"; six states reported "Some," giving reason as "Phthisiophobia"; four states reported "Occasionally," because of predisposition, monotony of work, or hopelessness and loathsomeness of case; another association blamed the attending physicians, first, because they themselves were afraid of the disease, and secondly, because they did not instruct their patients properly; consequently "the nurses can hardly be censured for refusing such patients," the report naively read.

No satisfactory replies were received as to the training, theoretical and practical, given pupil nurses. Six states reported, but with reservations, that pupils got some training in tuberculosis work. One school loaned its nurses to an anti-tuberculosis association for their district training and in several large county and city hospitals nurses got some tuberculosis work.

Eight suggestions—all good ones—were received in response to the last question "What line of action would you suggest to arouse a keener interest in tuberculosis work?" The fundamental one was voiced by two associations, which advocated more theory and some practice among tuberculosis patients as a part of the training of every nurse. Another association suggested that the nurse, as an individual, be aroused to the fact that it is her duty and special privilege to help combat this disease, as by her training she is especially fitted to teach, in a practical way, hygiene and dietetics wherever she may be; that she should make it a point to become interested in the building and health laws of the city in which she lives. Several associations suggested more co-operation with state anti-tuberculosis associations. In addition to the above suggestions, your committee would advise that each association, school or state, devote at least one meeting, annually, to the discussion of tuberculosis work from all points of view—therapeutic, nursing, social, economic, etc.

EDNA L. FOLEY, Chairman.

THE PRESIDENT.—This is a subject in which we are all interested, and there is one point in regard to the tuberculosis work to which I would like to call your attention. This last winter I made a trip, as many of you know, through the west, and I discovered something which I had not known before, and that was the great prevalence of tuberculosis among nurses. It seems to me that in the

future, some time, we should take this matter up and consider what can be done. This report has shown to us what has been done in many cases, the building of shacks and various other undertakings, but Mrs. Tice is too modest to say what the Chicago nurses have done with their postal card. Many of you have seen it.

I want to offer one little suggestion, in regard to the sale of the Red Cross Christmas stamp. Nurses have sold a great many of those stamps throughout the country, we all know that. Last year in Colorado we talked this matter over with the chairman of the Tuberculosis Committee, and we felt very strongly that the nurses should share in the profits of the sale of the tuberculosis stamps. If you are in a locality where they sell stamps next Christmas, I advise you before you begin to co-operate to ask that a certain proportion of the profits of the sale come to the nurses. Ask for it. It can do no harm, and it may actually be allowed. Denver did get it, but I do not know how much it amounted to. There may be some one here from Denver who can tell us whether it was worth trying.

MISS LOUISE PERRIN.—We were allowed 10 per cent. on all we sold.

THE PRESIDENT.—Well, 10 per cent. is better than nothing. I offer that merely as a suggestion.

MISS SEIDENSTICKER.—I would like to say that the Tuberculosis Institute of Chicago gave the nurses a free bed in the sanatorium at Naperville in recognition of their assistance in selling Red Cross stamps.

MISS NOYES.—May I ask a question? I would like to ask if any of the superintendents of training schools have had any requests to allow their pupil nurses to affiliate, or at least the schools to affiliate, with state sanatoriums or local sanatoriums for the training of nurses, and whether they would consider that the least bit desirable, and in itself a part of the course of training. I must have had three requests, one from a state sanatorium and two from local sanatoriums, asking me to allow affiliation, that is, to allow our pupils to work in these sanatoriums. I, myself, feel that it may be a question of economy in those institutions; not that they feel that it is desirable for training, but they must have their nursing done and it would be cheaper in that way, and I would like to know how other superintendents feel about that matter.

MISS LOBMIS.—We have a shack on the state sanatorium ground and accommodations for two patients. We have over two hundred dollars for a fund for those who are not able to pay for themselves. We have the use of a cottage and they charge only ten dollars a week for the nurse who is occupying it. She has the privilege of working, when she can, to help pay that ten dollars. When the cottage is not in use by a nurse, they charge forty dollars a week for it, and we have the best cottage on the grounds, the best location, and most desirable of all; it is equipped by the Public Health Committee from Washington. They have done considerable work down there, especially of a certain kind. We had one lecture on venereal prophylaxis by one of their physicians. We had ten or twelve lectures which took up every phase of the subject. I think they are a good thing.

THE PRESIDENT.—This is very interesting, but the question Miss Noyes desires to have answered is, whether training schools are asked to affiliate with these sanatoriums?

MISS JOHNSON.—The California Hospital Training School is affiliated with a sanatorium. I think they have there about thirty or forty beds and they send

their nurses there for training, and the nurses enjoy it very much and consider it very successful. They have been doing it for about a year, maybe not quite so long as that.

MISS SHARP.—May I ask how long the nurses are allowed to say?

MISS JOHNSON.—Two months.

MRS. LOUNSBERY.—This is a little different, still it is tuberculosis work and perhaps it may be a suggestion whereby other nurses can assist in this work. The nurses of one West Virginia County have supplied our local tuberculosis nurse with bed linen, night-gowns, and blankets, so that she has a linen closet for use among those patients. They use the linen and return it clean. We keep that closet filled ready for use. We have found that it was almost impossible for the nurses to leave their work and do tuberculosis nursing, but we tried to help in that way, to keep the visiting nurse supplied with the things that she needs. I thought this might be a suggestion.

MISS GARDNER.—I would like to know if it is customary for pupil nurses to be excused from nursing a tubercular patient, where there is a pavilion connected with the hospital, additional, and entirely supported for that purpose? In Orange the pupils are excused. It is not compulsory for them to take the training, and I wish to ask if that is customary anywhere else in the country.

MISS MCCOY.—In the Jewish, of Philadelphia, we have quite a large tubercular ward and the nurses are not excused; they are compelled to take that training the same as everything else.

MRS. TICE.—It does seem to me a great pity to excuse the nurses from this training, because there is a great tendency toward phthisiophobia. Nurses are afraid, and now we will have to teach them not to be afraid. The result is that patients are suffering and the doctors and nurses are afraid of them; if they go at it properly there is no reason why they should contract the disease, and I think it is a pity that they should be excused from that sort of training.

MISS O'HALLORAN.—In the state of Pennsylvania there is a great demand for graduate nurses in this tubercular work. We have a dispensary conducted by the state in each county, and in some counties from three to eight, or as many as are required to carry on the work. In a number of counties we have nurses who are unpaid, untrained, or who have been attendants in sanatoria, who had no previous experience or training along these lines, and they are conducting this work which should be conducted by graduate nurses. We teach our pupils the value of nursing of this kind, and, when there is demand for them, nurses are not afraid to meet this call. Now this is a campaign, a warfare, being carried on against this dreadful disease, and yet it seems to me we do not have nurses who will come forward and answer this call; and there is absolutely no danger of contagion if the nurse is careful and conscientious herself and careful in her treatment of the patient. How can we expect patients to be careful and conscientious and to avoid being a menace to the community unless they are instructed? How can they be instructed unless they have proper people in charge? When a state has interested itself to the extent of carrying on a campaign, as they have in a great many of our states, I think that it reflects discredit upon our graduates and registered nurses to fall in arrears because they are afraid of a contagion which is not necessarily contagious.

MISS HELEN KELLY.—I would like to say for the benefit of those nurses who have phthisiophobia, that the head nurse in our tuberculosis department

(Milwaukee County Hospital) for the past two years is in such a very good physical condition that she passed the army examination; and I would also like to say that I have been three months trying to find somebody to take her place.

MISS PINDELL.—I have been asked to speak for the Metropolitan Hospital, New York City. During these years we have tried very hard to get the pupil nurses interested to take care of tubercular patients, because they were afraid. I have positive evidence that nurses were not entering the school on account of the tubercular work, and because the census of the hospital increased to such an extent that it was absolutely necessary, and because we could not get graduates, we had to employ non-graduates or experienced nurses; they were paid twenty-five dollars a month, and some have since had a slight increase in salary. But we knew positively that the pupil nurses were afraid and would not enter the school on account of that work, so if anything can be said to impress the women on the line of having the service it would be a splendid thing. From the point of health I have noticed that the women who were taking care of tubercular patients looked very much better than those who were working in the general wards of the hospital, and I think it was on account of their having so much fresh air.

MRS. FOURNIER.—We called yesterday a meeting of some of those interested in the tuberculosis work, with the idea of finding out what things we would like to put before this convention. The one thing that we felt most anxious to refer to the delegates was the fact that we should like to overcome this fear of tuberculosis, and the only thing that can do that is knowledge. Ignorance is superstition, and superstition promotes fear in tuberculosis. We who are interested in the tuberculosis campaign realize fully that there is absolutely no need of fear when we understand. We are not afraid of typhoid fever, and yet it is very much harder to control than is the infection of tuberculosis.

Now will every delegate, no matter how little at present you are interested in this subject, when you go home to your several superintendents of training schools who are not here to-day, let them know that we are anxious that some knowledge be disseminated, through whatever source it may be in your power to use, so that next year we may come here having gained much knowledge in tubercular work? When I say that statistics are giving as high as 98 per cent. of tuberculosis it is time we were at it.

MISS NOYES.—My question has been answered. I think it is very desirable to have my pupil nurses or any other nurses go to state sanatoriums and learn something about tuberculosis.

#### REPORT OF PROGRESS MADE IN TRAINING SCHOOLS CONNECTED WITH STATE HOSPITALS FOR THE INSANE

The progress made in these schools within the past decade has of necessity been slow, but each year has marked decided steps of advancement. Ten years ago many of the schools were without superintendents of nurses, all instruction being given by the medical staff of the hospital, and for text-books only Wise, Volumes I and II, would be found, and these were considered quite sufficient for one in all class instruction if, indeed, such instruction was considered necessary. In some schools nurses were not required to buy text-books at all,

but could borrow from the medical library of the hospital these two books if they cared to consult text-books. There were yearly examinations to be sure, but these were not at all severe and poor indeed was the nurse who was unable to pass them. Naturally, the class of young women applying for and gaining admission to these schools was not the same as that found to-day, nor did it compare favorably with the class of applicants seeking admission into training schools in general hospitals. The class of young women usually found in the state hospital schools was of the servant order (there were of course exceptions), who had been attracted by the remuneration given, the absence of the drudgery of general housework, and the more freedom when off duty.

The schools were often only such in name. The securing of graduate nurses for superintendents of the schools marked the first real important step in advance. These, moreover, succeeded in bringing about changes. First, the text-books and curriculum of the schools was changed to conform, in part at least, to those of the general hospital training schools. In some instances these changes were easily accomplished, while in others it proved a very difficult task. Lectures by the medical staff had, from the organization of the schools, been a part of the education of the nurses, but in many schools no notes were required and class instruction, demonstrations, bedside instruction, or cooking had never been considered necessary, and were not a part of the teaching given. Class attendance, with the purchasing of necessary text-books, was distasteful to the pupil nurses then in the schools. They had not gone to the hospital to study nor did they care to learn, but when examinations became more frequent and nurses not obtaining a certain standard were dropped, a very marked change was noticed. Pride came to the rescue, and pupils applied themselves to their marks and studies in earnest. With the changed conditions of the schools came a better class of applicants and another step in the right direction had been taken never to be retraced.

In the early years of this class of schools the nurses occupied rooms off the wards in which they worked by day, but soon with other changes came the building of nurses' rooms separate from the hospital buildings, and to-day we will find in connection with nearly all state hospitals, comfortable, convenient rooms for nurses. This particular change for the better brought a better class of applicants and when, in addition to the other changes mentioned, came shorter hours of duty, all concerned felt that much had been accomplished though the advance had been slow, and much had been accomplished toward raising the standard of this class of schools. The schools could now feel that their graduates could apply for and gain admission to post-graduate schools in our best hospitals, and many graduates have availed themselves of these advantages and have in most instances given good satisfaction. Those of us who have worked in this branch of nursing since this change has been taking place, and have felt depressed often at the slowness of the progress made, can look back over the past ten years with a certain degree of satisfaction that so much has been accomplished. To-day nearly all nurses graduating from schools connected with state hospitals look forward to a post-graduate course, and not a few enter some general hospital training school for a full three years' course. This class of schools is now and must always remain special in character until the time comes that an interchange of nurses between special and general hospital schools is deemed necessary to complete a nurse's training. The branch of nursing

taught in insane hospitals is most valuable, and will some day, I think, be considered necessary for all nurses. When this change comes all the advance of the past ten years will seem only stepping-stones to this grand and greatest step in advance.

SARA C. PARSONS, Chairman.

#### REPORT OF COMMITTEE ON PENSION FUND.

MISS M. E. P. DAVIS.—Several years ago, at the Richmond meeting, there was a committee appointed to look into insurance for nurses by nurses. After collecting data concerning life insurance and all kinds of life insurance, industrial, commercial, fraternal, benefit fund, life annuities, old age annuities, endowment policies, etc., we began to feel that we were tackling a mighty problem and few if any of us were equipped to grapple with it. So we concluded that it was not possible to write a report that could be given to this association in any kind of a condensed form to be understandable. We began to feel—I for one, and perhaps I am the only one, but maybe you will feel like that when I tell you—like the old lady who undertook to make a garment out of a sheet. She began with it to make a petticoat and she finished with a nightcap. Now whether we shall be able to make a nightcap out of this or not I have doubts in my own mind. We are here to answer questions concerning the pension fund, life insurance, old age annuities—anything.

MISS DOCK.—I would like to ask Miss Davis whether she inquired at all into the new system of savings bank insurance established in Massachusetts, which has been worked out by Mr. Brandeis in their savings banks system, by which all the middlemen's profits are entirely eliminated? It is the nearest thing we have in this country to state annuity work and private profits. The profits are private, and monopolistic ownership is entirely eliminated.

MISS DAVIS.—We have here the report of the Massachusetts savings bank insurance and pension fund system for all wage-earners. We have a representative from Massachusetts who will speak to us.

MISS NICHOLS.—This system has been in operation only about one year, and of course it is on trial; it is just a local thing in the state of Massachusetts, a state undertaking, and can only be used by the people of Massachusetts; but as it is working out it is doing well and I think is reaching the people who ought to be reached. Insurance is an expensive thing at the best and it is going to reduce that expense to a minimum. Those who are interested in it and have talked with the working people find that it is very hard to convince people that they need an annuity. Many favor the twenty-year endowment; but as yet the annuity is not looked on with much favor.

MISS McMILLAN.—May I ask what the Committee on the Pension Fund recommends for us to do?

MISS DAVIS.—I think I recommended you to have a new committee formed to tell you what to do.

It would be utterly impossible if you took all the good points out of the various data that we have collected to put it together in such shape as to make it understandable or intelligent, unless it was the work of a special committee for that purpose; and when we were appointed we were simply appointed as a committee to look into this, and, as I have said, we have done our duty, and when we get through with our report we will be free. There are other and younger women who ought to take this up.

MISS McISAAC.—One statement that I would like to make is that the Massachusetts Savings Bank plan has been the cause of the reduction of the very large premiums upon industrial insurance; and any one who has looked into or knows anything practically about life insurance or endowment insurance for working people knows, and also knows from reports, that these insurance companies are immensely profitable for somebody, not usually the wage-earner, and that this new system in Massachusetts has taken away so many of the policyholders from the other insurance companies that they have been obliged to very largely reduce their premiums. The subject, as Miss Davis says, is a tremendous one, and we are not business people; and for nurses to undertake to institute any kind of an insurance or pension fund, managed by themselves, seems to all of us too great an undertaking. For us to recommend to the nurses what to do and how to do it we feel is too much for us. I think the thing that we all know that all wage-earners in this country need, is to begin very early the habits of thrift. When all of you have lived as long as Miss Davis and myself you will realize that the most tragic thing that we know anything about is the middle-aged and old nurse who has no resources in her old age. There is nothing in the world so terrible as that, and you cannot begin too early to guard against it.

#### ALMSHOUSE COMMITTEE REPORT

MADAM PRESIDENT AND MEMBERS: Previous to this winter, as former reports show, the almshouse committee has distributed the census blanks and printed material supplied by Mrs. Crane; has asked for standing committees of nurses to be formed in each state by the state associations; has reported that such committees were formed or promised; and has written to state presidents to explain that these committees are to be ready to work with Federations of Women's Clubs whenever these latter take up almshouse reform, and that, in the meantime, no work is laid out for them by your committee, but that each state is to do whatever it can, as seems best under its own circumstances. So much for introduction.

For the work of last winter, your committee has carried it on as follows: In verbal agreement at Minneapolis, it was arranged that Miss Dock should present the need of the almshouses to State Boards of Charities in every state where they exist, and that Mrs. Tice should bring the subject before tuberculosis associations with which she was already in relation as chairman of her own state work on that line. This has accordingly been done, ninety-five letters were written, and a number of replies have been received, though not as many as letters sent out. All the letters receive the suggestions cordially, and we may hope that our appeals have helped to stimulate action. Of the two sets of letters, those from the tuberculosis societies are the most warmly responsive, many of the others being mere formal acknowledgments. In the meantime, the committee has become directly and indirectly aware of much excellent practical work that is being begun or carried on in the direction of improving almshouse nursing, and it seems to your committee that it would be of more value to the members present to hear personally of such efforts, rather than to listen to a long written report. For this reason we are making this report short, and suggest that two or three minute statements from Mrs. Tice, of Illinois, Miss Bristol, of Iowa, Miss Sheetz, of North Carolina, Mrs. Stuhr, of Minnesota, Miss Pindell,

of New York, and others who have something definite to tell of almshouse pioneering be called for by the Chair. Your committee supposes that there may be others who can tell of something accomplished in almshouse nursing whose names are not in this brief list here given, and suggests that they rise from the floor to tell what they have done.

Respectfully submitted,

L. L. DOCK, Chairman.

MRS. IDA M. TICE.—In Illinois the nurses and club women are thinking out this problem side by side. The philanthropists in almshouse work suggested that a committee be appointed to co-operate with the philanthropic committee. On its motion a list of nurses was submitted to the philanthropic committee, from which they selected nurses to make visits to the almshouses with club members. Occasionally we send private nurses in that particular locality, but in almost every instance the visit was made by local club women and graduate nurses; then they fill out the census blank and return it. We have 102 counties in the state. We took 59 last year, and of the 59, 37 returns came back, and of the 37 only 9 reported some care given to the inmates. They must realize the need for further work, for this year the Federation of Women's Clubs elected a graduate nurse as chairman of the philanthropic committee and put two other graduate nurses on the committee, so it is evident that the work of the nurses is appreciated. As trained nurses I feel that any one should give such assistance as she can to the work. This year we asked the co-operation of the county medical societies, and wrote a letter to every society in the state, asking that they take up this question at one of their meetings. I am frank to admit that I was just a little timid and doubtful as to what the doctors might think of our spirit of interfering with their practice, but I was astonished at the letters that came. We had a great many letters and they were all very favorable; and I think they have learned, as all classes of men have, that when they want anything done they look to the women to do it. We have, in Illinois, in every county what is known as the Charities Commission Auxiliary Board, and it is its business to inspect and report on all public institutions once a year to the Charities Commission at Springfield.

It is a very easy matter for us to say, "We have this committee of supervisors and what is the use of bothering about children and insane people who ought not to be in the almshouse?" but I assure you that there is work for us all to do. Some of the supervisors will do this thing that they are supposed to do and others will not. I leave it to you, when you find in one single almshouse twelve patients who died last year from tuberculosis and one more in the last stages, whether they are doing what they should do. Where we find little children in the almshouses and we have proper places for them, they are being put in the places provided for them. There is an individual responsibility and we should all share it. It is really astonishing how easy it is to get the work started. All these women want is practical suggestions, what you want and how to do it, and they are immediately busy all through the state.

We suggested that these almshouse committees, each local club, should investigate the conditions there, and supply those people with books, reading matter of large print, and many pictures, and supply them with work to do. These old ladies will always do something, if it is provided; and, if they can, teach the

men to do something, any simple handicraft, like weaving, basket-making; they could sew carpet rags if the rags were provided. We suggested that they encourage the old people to do this work, and then, perhaps, it could be accepted and sold at the Federation Clubs within the district, and the money that they earned in this way might go to purchase something for them. We suggested a graphophone, and this worked out very admirably. They are all very enthusiastic over it and it is very encouraging to have letters come in from different counties, one from Vermillion just before I left, saying next Sunday special collections will be taken up in all Sunday-schools in Vermillion County to purchase graphophone records.

Then another word, our club women are around collecting silk patches for the old ladies to make patchwork quilts, and they are as busy as they can be. In furthering the work we suggested that they meet occasionally with the supervisors and with the Charities Commission and Auxiliary Board; because in most cases these men were neighbors of theirs, of the local club women, and after a time they will want resident nurses. That is the thing we are working for, eventually, a resident nurse in the almshouse. But in the meantime we have tried to encourage the co-operation of the superintendents of training schools throughout the state. We wish they may send two pupils, if the almshouse is not too far distant, a senior and a junior, for four weeks' or six weeks' work in the almshouse. It would not do them any hurt and it certainly would work a great deal of good. Where there is an outside visiting nurse we suggest that she might possibly give a half day a week to the almshouse. She could not accomplish much herself in that way, but she could report the conditions to the proper authorities. If we could co-operate with the superintendents of the training schools, the club women, and the nurses all over the state, we are bound to work this thing out, I am sure

THE PRESIDENT.—It seems to me this work done in Illinois is a model for us, and the suggestion of Mrs. Tice, of co-operation with the medical societies and the various local organizations, curiously enough was made to me at Mrs. Havemeyer's by Dr. Polk. He said, "Nurses are needed all over the country; but let me give you one suggestion." Dr. Polk is a far-sighted man and a man to whose opinions we may well listen: "If you want your work to grow and to tell, always consult first the people in the locality where you hope to work, then they will co-operate; but if you begin first without this consultation and friendly feeling, you will have trouble all along the line."

Miss Dock.—Being asked for a report of the International Congress, I have only a couple of minutes to tell you about the meeting. I will just indicate briefly the chief lines of work that were done there. The international resolution, of course, on registration, was passed unanimously. The English nurses are still struggling under all of their deadly enemies and they have not yet gained their registration. I said a year ago, and I repeat it now, they will never get it until their women are enfranchised.

It is true that Germany and Belgium have each passed it; the governments of Germany and Belgium have each passed legislative acts, but those acts are very far from being satisfactory according to the standards of American nurses. It would take me off my line to discuss it. They are entirely man made, man administered, man limited; and the nurses in those countries feel that they are simply an opening wedge, a very thin wedge, and it will take many years. All

the nurses in those countries are of course suffragists, because they know they can never get their influence effective until they can share in legislation. Then the sessions on prophylaxis were very seriously taken. The nurses were very deeply stirred. One of the English nurses wrote a very wonderful paper. We had three impressive papers, and the nurses have all gone home to their countries determined to work earnestly on venereal diseases.

Now on the resolution about granting the franchise to women, I am sorry to say, I had to apologize to every one in every direction that I turned. I almost wished sometimes that I could go and hide my head under the table, I got so tired of apologizing for you, but I had to do it. I had to say, "The American nurses are not well awake on this question; they do not know what it means. They have voted in the negative there." But it did not turn out as badly as it might have. I will tell you why. One of our delegates, who was instructed to vote in the negative, discreetly disappeared. And another one, when the vote was taken, was asleep. And the consequence was, I am sorry to disappoint you, but you only got two votes against woman suffrage. The next time, when we meet in Germany, I doubt if you are let in.

The congress proceedings lasted one day. We took several new countries into membership, Holland, Finland, and Denmark. The next congress is to be in Cologne in 1912, and it is the purpose there, the intention there, to devote practically the whole of the time, probably three days, to bringing out and emphasizing all the remarkable progress of the nursing profession in social and preventive lines; so I ask you now, every one of you, to begin getting papers ready, because we want to give a great many helpful suggestions about lines for nurses on social preventive work, and Germany will be a very good place to give those suggestions. I could not go into all the joint congress meetings nor into any of the wonderful sittings, as it were, of the congress, which made it decidedly the most notable occasion, I think, that the nursing profession has ever shared in. We had a fraternal delegate there from Japan, and the Cuban Government sent three of its nurses—two Cuban nurses, Miss Hibbard in charge; the Government of Belgium sent official delegations, paying their expenses. Queen Christina personally interested herself in sending a party of four, and we have sent her a bound volume of all the reports. Nurses were there from Iceland and Norway. It was really a very remarkable gathering, and the enthusiasm that was generated was quite impossible to describe.

**THE PRESIDENT.**—It had been my intention to call on the members of the Red Cross committees of the various localities to give the report for their localities, but as our time has passed so quickly I will give a summary of the report as the chairman of the Red Cross National Committee on Nursing Service.

As you know, there was a committee on Red Cross work appointed two years ago to report last year in Minneapolis; and the outcome of the work of this committee was the formulating of a plan for a national enrolment of the Red Cross nurses; the conditions under which this enrolment was to take place were to be outlined by a national committee nominated by the Associated Alumnae and the Superintendents' Society, and appointed by the War Relief Board of the American Red Cross. The committee appointed was as follows: Jane A. Delano, chairman, Washington, D. C.; Georgia Nevins, secretary, Washington, D. C.; Anna C. Maxwell, New York; Mrs. Isabel Hampton Robb, Ohio; Mrs. George Lounsbery, West Virginia; Sophia F. Palmer, New York; Mrs. F. Tice, Illinois; Margaret A. Pepon, California; Mrs. Whitelaw Reid, New York; Mrs.

William K. Draper, New York; Linna G. Richardson, Oregon; Emma M. Nichols, Massachusetts; Major Charles Lynch, U. S. Army; Surgeon Middleton S. Elliott, U. S. Navy, Dr. William H. Welch, Maryland.

The committee has held two regular meetings since its appointment, and several informal meetings in Washington. I will not go into the outline of the plan, as it has all been published in a book which I think has been pretty generally distributed. The scheme for enrolment is accessible to you all, but it seemed best to divide the country into sections, assigning to the nurse member of the committee in that locality as many states as she was willing to undertake or as seemed advisable for her to have. I will just read the names of the states and the member of the committee to whom they were assigned. We were not able to begin this work until after the meeting of the Red Cross in December, then, unfortunately, I met with an accident and was not able to write for six weeks, so the work has been crowded into the last few weeks with a most astonishing response, as I think you will agree when I read the report.

Mrs. Tice has a large territory. She took the whole of New England. Miss Maxwell took New York and New Jersey. New York is really at work with Miss Dewey, of Brooklyn, as chairman, and Miss Maxwell has New Jersey well under way. Miss Nevins has the District of Columbia and Maryland, and has completed her work, as far as state organization is concerned. Miss Anna Greenlees is chairman of the District of Columbia. Miss Baker, chairman of the Maryland district. Mrs. Lounsbery took a very good portion, West Virginia, North Carolina, South Carolina, Georgia, Kentucky, and Tennessee. She has West Virginia well in hand. Their committee is hard at work. Georgia is organized with Mrs. A. C. Hartridge, of Augusta, as chairman. Tennessee, which has lately been admitted to our association, with Miss Lena A. Warner, of Memphis, chairman. Mrs. Tice also took a large slice out of the states of the middle west: Illinois, Michigan, Iowa, Missouri, Arkansas. Illinois is organized with Adda Eldredge, chairman; Louisiana, with Ella Wall, of New Orleans, chairman; Miss Pepon has California, Nevada, Utah, and Arizona; Miss Richardson has Oregon, Montana, Idaho, Washington, and Wyoming.

To myself, as chairman of the committee, came the mother's share, all those states which did not seem to fit in any locality, many of them without state organizations. I am sorry that I am not able to show a better report of my own work.

Pennsylvania has begun its organization. Delaware has not been communicated with. Mrs. Lounsbery is going to consult with Virginia to bring about an organization, while the delegates are here. Florida has no state organization. Texas is at work and I hope will very soon be organized. North Dakota and South Dakota have no state organizations. Nebraska has, and has a delegation here, and we hope to have something done before they go back.

Kansas has no state organization. Colorado has. New Mexico has none. Alabama has none. Mississippi has none. Ohio is organized with Miss Johnson, who is in charge of the district nurses in Cleveland, as chairman. Indiana is organized with Miss Elizabeth Johnson, of Indianapolis, chairman. Wisconsin, one of the two states admitted this session, is organized. With the true western spirit they had their committee all appointed in case they were accepted, so there was very little trouble, and Miss Matthews is chairman.

I think you will agree with me that this is a good showing for a very few weeks' service.

## REPORT OF THE COMMITTEE ON REORGANIZATION

MISS GENEVIEVE COOKE.—Some months ago recommendations of the Committee on Reorganization were printed and sent to the associations throughout the country, in order that they might consider the points to be discussed.

THE PRESIDENT.—The first point we will take up is in regard to the change of the name of the association. This cannot be amended to-day, but recommendations can be made to the Committee on Constitution and By-laws, that it will offer as an amendment next year something which may be acted upon by the association.

MISS PEPOON.—It is very important that we should have a name which is both comprehensive and easily pronounced and entirely euphonious, and also the abbreviation of which will be convenient to write. So many names of organizations and associations that have to be continually written over and over again have such long names that the time taken in writing them out and the time taken in speaking them is a great drawback. Now if we could have a name like the American Nurses' Association or the American Graduate Nurses' Association; we have three or four letters which will stand for it and we can use it in one second. I think "American" is a very great improvement on "National." The National Nurses' Association means nothing, the American Nurses' Association or American Graduate Nurses' Association comprehends the whole thing, wherever spoken, or in whatever country mentioned.

MISS GILES.—I want to say, Madam President, that "American" takes in Chili, as well as the rest of the United States. "American" takes in all countries of all America, North and South America, and I think that we do not intend it to go that far. I do not believe that is the intention of this association.

MISS DOCK.—MADAM CHAIRMAN AND MEMBERS: I would like to see this association an association of nursing societies,—a federation, and I do not see why we should not call it The American Federation of Nursing Societies; then all the societies in our whole country are affiliated with it. I have always wanted to see the Spanish-American War Nurses and all the other leagues of nurses affiliated in this one central body, and it seems to me now that time has come. If we call it The American Federation of Nursing Societies it would cover everything. Either societies or associations, it doesn't matter, but the American Federation of Nursing Societies or Associations, whichever you prefer.

MISS DAVIS.—What shall we do with the superintendents? How are those to be federated?

MISS DOCK.—They are affiliated.

MISS DAVIS.—That leaves out "affiliated."

MISS DOCK.—They don't use the word "affiliated" now. I would like to say that at present the Superintendents' Society is affiliated with the Associated Alumnae of the United States under the title "American Federation of Nurses." So if they are now affiliated how can they object to affiliation? They are already affiliated. That is the body that enters into international relations. It seems to me that all we want to do is to widen our affiliations, still further to affiliate all sorts of other groups of nursing societies, if they are not yet affiliated; the Spanish-American War Nurses have them affiliated; the Visiting Nurses and like groups, and Public School Nurses, let them affiliate; the nursing settlements—any group that wishes to affiliate, let it affiliate, and on the basis that we are simply associated and it is a membership of all under one common title.

MISS GIBERSON.—Does that include the Association of Panama and Central America, if we made it the American Federation, or would it be the Federation of the United States? Would that include Canada? That is always confusing, if it is American instead of the United States.

MISS PEPOON.—I would like to ask Miss Dock how they are spoken of in other countries, whether or not American and America in other countries means the United States?

MISS DOCK.—It does in a sort of way, generally, of course. That cannot be literally so, and if Canada thinks it would not be courteous to call ourselves American, then we could call ourselves The Federation of Nurses' Associations of the United States. I am not so particular about the name of the country, the point I am particular about is to get a title that will enable all our groups of nurses in the region that we expect to cover to affiliate together under one title and have central meetings, with their different sections and departments under one name, and be recognized as one national body composed of all these many parts.

MISS MAXWELL.—I think when we are abroad and speak of being "American," we are usually asked whether we are from the United States, South America, or Canada.

MISS PINDELL.—I know that foreigners or people on the other side of the water usually speak of us as being from "the states." You hear that frequently.

MISS NUTTING.—There is, I believe, one organization already known as The American Federation of Nurses, and I am quite sure that any action taken to use that name now would have a direct bearing upon something which is already existing and not serviceable, and I think as a matter of courtesy, whether or not as a matter of future practicability, but as a matter of courtesy, I think we should consider what would happen to The American Federation of Nurses when another American Federation of Nurses comes into existence.

MISS DOCK.—The American Federation of Nurses is not incorporated, so it would be simply an enlargement of the term.

MISS GIBERSON.—I would like to suggest for a name "The United States Graduates Nurses' Association." It seems to me we are all graduates, whether we are superintendents or nurses, and that would cover the entire thing, the United States Graduate Nurses' Association.

A MEMBER.—If it is in the form of a motion I would like to amend it to make it The Graduate Nurses' Association of the United States.

MISS NUTTING.—I think this is an important and serious matter, and I think it hinges on whether we should have individual membership, as has been suggested, or whether we want it to be a federation of societies, as has also been suggested. If the question of individual membership alone is to be considered, there can hardly be a better title than The American Associated Alumnae; because associated alumnae does not necessarily mean societies. Every one of us is an alumna of some school. I think the name Collegiate Alumnae sets a guide, as that covers the alumnae of certain standards, and probably we have a number of collegiate alumnae here, but I do believe before we settle upon a title it should have very careful consideration as to just how we are going to organize.

THE PRESIDENT.—Whatever we do to-day is not a final decision. It is simply a recommendation to the Committee on Constitution and By-Laws, and

the thing will be open and discussion expected when the amendment is offered to the constitution; so that it is not an absolute and final decision. We must not give it too much time to-day, because there are questions which we *can* absolutely decide. Miss Nutting has struck at the root of the matter, which is the form we wish this organization to take? Now those are questions which we can settle, and as no motion has been made as to this question of name, it seems to me we might go on to a question which we can settle, and then after we do settle the form we may come back to this question of name.

We can very quickly decide whether we wish to have these meetings annually or once in two years, depending, as the suggestion was made, upon the state organizations to carry on the detail work in the intervening year.

MISS COOKE.—A number with whom I have talked on this subject seem to feel, after considering the matter some little time, that while at first we are loath to give up the annual meetings, it seems really wisdom to have the meetings once in two years. That would allow, for one thing, the organizations to recuperate their funds, and the individuals to do the same in the interim, and of course, the work would go on in the state exactly the same; since we are planning now to have our inter-state secretary possibly the organizations' work will be stimulated just as much during the interval as it would be to have the delegates attend the annual meeting, so that it seems a good suggestion, meeting once in two years.

MISS McISAAC.—I would like to support what Miss Cooke has said. It would seem to the older members of the association, and has for some time, that we must come to the meetings once in two years. It is very largely a question of expense; because the meeting every year calls for so much expense and so much work and the taking away from the local societies many times what they really ought to have, both in the way of time and work and money.

MISS NUTTING.—May I add a word in support of Miss McIsaac's and Miss Cooke's suggestion? I have heard many times from associations of graduate nurses of the expense of the attendance at these conventions, and I do know that the multiplication of our local societies and state societies and our other societies, and the amount of work involved for women who are already working almost to the limit, is very, very great. Then I think we have to consider the territory from which we come. It is almost as if we were gathered together from all over Europe. In fact, it is quite as if we were gathered together from all over Europe, and more so, even, because the distances are so great here and the time and expense involved in coming is so large.

I think Miss Dock will answer me if I am not right in saying that there is no annual national meeting in Europe. They do not meet every year. They do not feel that they can afford it, to meet every year.

MISS DOCK.—Not their national meetings. Their countries are small; they meet every year.

MISS NUTTING.—I would approve that this enormous country be divided up into something smaller. Teachers find it necessary to have an eastern division, a western division, and a middle division. We are women of not enormous incomes; I know where individuals have economized during the entire year to pay for one convention, and it is wrong. Conventions cover a whole week and the expenses are very great.

I know alumnae associations have found it very difficult indeed to meet the strain of sending their representatives, and I know the treasurers are appre-

hensive afterwards. I know many in this enormous country find it difficult to support the annual meetings; and I am inclined to think that if we met once in two years and the divisions and sections in the interval, it should be very favorably considered.

THE PRESIDENT.—May we hear from some other member, some who have travelled long distances to come here? If there is no further discussion, are you ready for the question? It has been moved and seconded that we recommend annual meetings. Motion lost.

THE PRESIDENT.—Now the next question that we have to consider is membership; shall it be individual or shall it be federated, federated as it is at present, of the alumnae, state, county, and city organizations, with a growing list of permanent or individual members? Now let us take up the first question, simply shall it be individual or federated as it is now?

MISS WHITAKER.—I move that we still be a federation.

THE PRESIDENT.—The motion is that we still remain federated as at present with individual and permanent members. The subject is open for discussion. If there is no discussion are you ready for the question?

(The question was called for, put to a vote, and carried.)

THE PRESIDENT.—Now the question as to the payment of dues for individual members. This may be final, as the By-Laws may be amended by unanimous vote. Shall the permanent members be asked to pay individual dues? Shall we embody in this question the subscription to the JOURNAL?

MISS GIBERSON.—Can we not make this as a recommendation to the committee instead of taking final action on it? I move this be referred to committee. Carried.

MISS NUTTING.—May I just ask if these individual members are the permanent members that you want to have pay three dollars? They are already paying their per capita dues through their alumnae associations.

MISS COOKE.—May I say in regard to this per capita through the alumnae, the alumnae then have the privilege of being represented by this individual, but the individual, in paying her dues, has the privilege of representing herself as well, and as a permanent member. So that the alumnae lose nothing, and it is just as well to pay that ten cents, or whatever it is, for the privilege of being represented by this individual member and the member being also privileged to have her individual vote. If the dues are made three dollars for individual members that will include, if you so wish, the AMERICAN JOURNAL OF NURSING.

MRS. E. BALDWIN LOCKWOOD.—I move one dollar annual dues for permanent members, to include the JOURNAL subscription.

MISS TOUPET.—Madam President: I move to amend to strike out one dollar and say three dollars, including the JOURNAL subscription.

THE PRESIDENT.—The amendment is to strike out one dollar and insert three, including the subscription to the JOURNAL.

MRS. LOCKWOOD.—Is it in order to object to the amendment?

THE PRESIDENT.—No, we must put the amendment to a vote. Is there any discussion of the amendment?

MISS HILLIARD.—It would seem to me that any one who is interested enough to be a permanent member would be already a subscriber to the JOURNAL.

MISS GIBERSON.—I think a great many subscribe to the JOURNAL through their alumnae associations. May I ask why they want to send the JOURNAL to the permanent members? Are they not subscribing now?

MISS COOKE.—They would simply subscribe permanently and make the one payment to the national secretary and their names would continue on the JOURNAL list. It would not be another subscription.

MRS. LOCKWOOD.—I would consider it unethical to include the subscription to the magazine in the dues.

MISS TOUPET.—The amendment is that three dollars dues be inserted instead of one dollar, and subscription to the JOURNAL be included.

Motion lost.

Mrs. Lockwood's motion that the recommendation be made that the annual dues of permanent members be one dollar was carried.

THE PRESIDENT.—You understand that this is only a recommendation, not a final vote. It is a recommendation to the Committee on Constitution and By-Laws.

MISS McISAAC.—One dollar is not enough for permanent membership.

THE PRESIDENT.—This is only as a recommendation, so it is possible that Miss McIsaac may have further opportunity of expressing her opinion.

MRS. TICE.—I feel sure that if the members individually realize how hampered the directors are for funds they would appreciate why I want to have the permanent members pay dues. They really haven't money enough to carry on this organization. They are hampered all the time, they are digging down into their pockets for expenses for your good.

MISS GIBERSON.—Why not raise the dues for our *alumnæ* associations and state associations?

MRS. TICE.—They should be raised. I consider it decidedly undignified for great state organizations, some of them two or three thousand strong, to pay a paltry five dollars annual dues to the association.

MISS GIBERSON.—I move a reconsideration of the previous motion.

THE PRESIDENT.—Does Mrs. Lockwood consent to a reconsideration of her motion?

MRS. LOCKWOOD.—May I ask for an explanation of what the reconsideration would include?

THE PRESIDENT.—May I ask if the member who moved for a reconsideration voted on the negative side or affirmative side?

MISS GIBERSON.—On the affirmative side.

MISS NUTTING.—May I ask one question? How rapidly do we increase in permanent membership? How many permanent members do we add to our members during the year, and what does this mean by individual membership? Some of these days we will have hundreds and hundreds of permanent members, and after all it will be a matter of individual membership, I should think.

THE PRESIDENT.—The secretary tells me last year it was seventy-seven. So it is not such an important question, and it will be open for discussion next year.

We will go on to the next question to be considered, and that is the question of officers: that in addition to the Board of Directors there be a Council, to be composed of presidents of affiliated state associations. I think this is a matter that can only be amended by previous notice. Will some one make a motion in regard to this question, whether the Board of Directors shall include the presidents of affiliated state societies?

MISS MILNE.—I move that in addition to the Board of Directors there be a Council composed of presidents of affiliated state societies. Carried.

## FRIDAY AFTERNOON SESSION

THE PRESIDENT.—It is with the greatest possible pleasure that I introduce to you this afternoon a physician who has been very closely connected for many years with the work of nurses, first in a large state insane asylum in the north-western part of the state, and afterwards as Medical Superintendent of Bellevue Hospital, later president of the New York State Commission in Lunacy, and at present the Medical Superintendent and Director of the large Manhattan State Hospital for the Insane. Now I think you will agree with me that Dr. Mabon can speak with authority on the subject of the "Care of the Insane."

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THE NURSING CARE OF THE INSANE

By WILLIAM MABON, M.D.

Superintendent and Medical Director, Manhattan State Hospital, Ward's Island,  
New York City

THE advent of the trained nurse was one of the great steps forward for the human race and to the nursing profession must be attributed a substantial part of the success in the treatment of diseases and the wonderful progress of medical science in the past few decades. The medical profession is glad to acknowledge the debt it owes the trained nurse.

The work of the nurse now is specialized and there are many forms her activity takes, to reach all classes of the sick, to care for them, and teach them how to care for themselves. Notwithstanding this fact, there is an important class, the insane, greatly in need of the best nursing care, which, up to the present time, has not reached the proper standard. It is true that we have mental nurses, graduates of nurses' training schools, but they, in the beginning, were trained by physicians, and this method of training still prevails in many institutions. The nurse trained in the general hospital usually knows nothing of mental cases and is not always inclined to think their care a nursing problem. As a rule, the general nurse has too often been disposed to regard the mental nurse as occupying an inferior position, and it is this lack of sympathy and co-operation that makes the work of the psychiatrist harder, for the cure of insanity is to a considerable extent a question of good nursing. Contrary to a generally held belief, the care of the insane cannot be learned in a few weeks, but takes long months of training under specialists.

That there is an awakening interest on the part of your profession in the nursing care of the insane is evidenced by your invitation to me to discuss the subject before you. To those of us engaged in the

work, this interest is very welcome. The fact that there are more than 32,000 committed insane cared for in institutions in the state of New York alone, and that it is the largest single item in the expenditure of the state, indicates that the problem is not a small one.

The idea formerly prevalent, and possibly to some extent to-day, that the mental nurse did not need the equipment of the general nurse, has no foundation in fact, for the insane are subject to the same diseases as the sane, and, with the single exception of children's diseases, the nurse caring for them must have a knowledge of the same conditions and work. In addition, she has the great responsibility of caring for those mentally unsound, who by reason of delusions, excitements, confusion, delirium, or retardation are unable to co-operate with her and whose statements are oftentimes misleading or utterly unreliable. To show you that the care of the insane demands a great deal of nursing, as we generally understand the term, I give a brief summary of the medical and surgical work in purely physical conditions of the Manhattan State Hospital for one year.

During the past fiscal year the institution had 71 cases of infectious diseases, including erysipelas; 210 cases of tuberculosis; 132 cases of intestinal and other disorders of the digestive tract; 38 of abdominal and pelvic diseases, not surgical; 218 cases of pneumonia and other diseases of the respiratory system; 139 cases of diseases of the cardiovascular system; paralyses and other nervous diseases excluding insanity, 90; miscellaneous general diseases, 131; surgical conditions without operation, 239; gynæcological treatments and pathological conditions in women, 400; genito-urinary conditions in men without operation, 16; 40 fractures; 5 obstetrical cases; 100 surgical operations, a large percentage of which were major. The average daily number in bed from all causes was 366, requiring, of course, special attention. You will, therefore, see that there is abundant opportunity for the pupil nurse to receive her training in caring for those suffering from physical diseases.

As for the qualifications necessary for a good mental nurse, I would say that a higher standard of intelligence and more education is needed, if anything, than for the general nurse. She must have great self-reliance and self-control, infinite tact, firmness, yet be gentle and kind, have courage, a cool head, ability to act in emergencies, and plenty of good common-sense. She cannot trust her patients to tell her their symptoms, consequently, her powers of observation must be trained to a greater extent than those of the general nurse, and she must learn to sift the essential from the non-essential. She has indeed to discover

many of the symptoms about which the patient may make no complaint, or which he may even try to conceal. The psychiatrist has to rely on the nurse a great deal for important data regarding the case, for the patient may succeed in suppressing the most important symptoms in the presence of the physician. You will find it true that the mental nurse needs and usually has better trained powers of observation and ability to draw conclusions than has her sister in general practice. It is upon the mental nurse that we depend for the details of psychotherapy.

There are some special subjects which properly belong to the technic of nursing, which the mental nurse has to do especially well. Among these are hydrotherapy in all its forms, including packs and hot-air baths; massage; special feeding, spoon feeding and tube feeding; care of epileptics during and after convulsions; direction in entertainment, occupation, and diversion of patients, etc.; the care of bed cases; probably the hospitals for the insane provide the best care for this helpless class that it is possible to give. As the methods of nursing the insane have improved, there has been a diminution of mechanical restraint and seclusion, formerly so generally used, until now it is but little employed, except occasionally to prevent persistent attempts at suicide, and sometimes for surgical reasons, as after an operation, to prevent the patient tearing away the bandages and dressings.

All of the New York state hospitals for the insane now have training schools for nurses, and most of these are registered with the Department of Education at Albany. In many of the schools the work is under the immediate charge of a superintendent, a registered nurse, with both general and mental hospital experience. The usual salary is \$1,200 a year and maintenance, and she ranks as an officer. An assistant superintendent may also be provided at \$900 a year and maintenance, where needed. This is in line with the principles of general nursing. The course covers two years, the pupil nurse receiving the pay of an attendant. This averages considerably more than is paid the pupil nurse in the general hospital school.

During the first year the junior pupil nurse has three months' training in assisting in acute medical and surgical cases; two months in the excitements of acute insanities; two months in the depressions, confusions, and delusional states of acute insanities; three months in the care of infirm and chronic bed cases, one month of which is night duty; and one month in the care of tuberculous insane. She also receives two weeks' instruction in the dispensary, being on duty for half a day at a time.

The senior pupil nurse has three months in the acute medical and

surgical service, of which one month is night duty; two months in the excitements of acute insanities, of which two weeks is night duty; two months in the depressions, confusions, and delusional states of acute insanities, of which two weeks is night duty; one month in the care of the tuberculous insane; and one month each for the convalescent and epileptic. During one month she spends daily several hours in the diet kitchen and six hours during the month in the laboratory. Each pupil attends at least six gynæcological examinations and clinics. They also benefit by special clinics and instruction given by visiting consultants in gynæcology, ophthalmology, laryngology, odontology, gastro-intestinal diseases, surgery and cardiovascular diseases. A number of the schools have arranged with general hospitals to give their senior pupils such training in obstetrics and children's diseases as cannot be had in the state hospitals.

One of the great needs of our service is the furnishing of special accommodations for pupil and graduate nurses, separating them thus from the ordinary attendants. They should have their separate home, special dining-room, special studies, library, etc. They should not be compelled to do the rough cleaning in the wards, but this should be left to the ordinary attendant. This very thing is most important to enable us to secure more of a superior class for training and finally for supervision in the different wards. By doing this, and providing sufficient compensation for the charge nurses, we would be able to retain more of this class in the service. We need more persons of refinement, intelligence, and broadmindedness for the work, and to secure them we should be able to offer greater inducements.

I would like to emphasize the difference that must exist in the methods used by the general nurse and the mental nurse. The former, when she has carried out the orders of the physician, complied with the reasonable requests of the patient, been prompt with her duties, has been able to cope with whatever complications arise in the disease, and has shown consideration for those with whom she comes in contact, has fulfilled her duty as a nurse. In the case of the latter, a patient must also rely on her many times for her physical needs, often when she cannot express them, and often when she refuses the nurse's ministrations and forcibly resents that which is for her own good. In addition, the mental nurse is one whom the patient must obey and, therefore, must be a trusted, firm, respected, sympathetic friend to the one dependent upon her.

There are certain factors necessary for the cure of any disease. The patient's family may recognize their necessity, but in insanity does

not know how to cope with the refusal of food, the unresting activity of a case of mania, or the loss of interest in life, maybe suicidal tendencies in a case of depression. The physician cannot be with the case at all times. Consequently the nurse must know how and when to feed, thus preventing loss of strength, persuading those who refuse food to take a little, and curbing the appetite of those who have no judgment in eating. The good mental nurse will do everything to promote a sufficient amount of sleep, and by suggestion, example, persuasion, and commands, if necessary, do everything possible to restore a normal mental activity. She must calm, if possible, the excited, and cheer the depressed, and it is here that her knowledge of psychotherapy is most important. There is no group of diseases in which this form of treatment is more satisfactory than diseases of the mind, and the competent mental nurse will oftentimes unconsciously exercise her influence and bring results which no medicines can give. When physical disease is complicated with the mental, as is often the case, the nursing problem is one that calls for ability of the highest order.

Physicians in general practice evidently realize the difficulties of the situation, for hardly a week passes that our special hospitals do not have calls for trained nurses to take charge of mental cases in private practice. Many of these calls have to be refused, for the nursing force is insufficient to supply both the needs of the hospital and the outside public. The general nurse in private practice is not always fitted to take such a case, even if she is willing to do so, and our experience would indicate that there is a considerable demand that is not being properly met. The pupil nurses of Bellevue Hospital are particularly fortunate in having part of their training include mental diseases, and the large number of patients who go through the psychopathic wards of that institution furnishes ample material for this purpose. The resident alienist of this hospital, a well-known specialist, gives a course of lectures on this subject.

It would, therefore, seem wise for the general nurse to take a six months' course in a hospital for the insane, thus rounding out her training and preparing herself for every call. On the other hand, a nurse, in addition to the general and special training given at a hospital for the insane, should receive at least six months' experience in a general hospital, paying particular attention to obstetrics, diseases of women and children, and such physical diseases as are not met with in the special hospital.

It may be of some interest to those assembled to know what

psychiatrists mean by insanity. The general belief seems to be that insanity is a single disease. As a matter of fact, to the alienist, the statement that a patient is insane conveys no more meaning than does the statement that a patient is sick to you. Insanity is a general term for a multiplicity of conditions, which differ in origin, characteristics, and outcome, and their management and treatment is correspondingly different. The only common factor in this group of disorders is the accompanying mental alienation, a symptom that instantly commands attention. The point to remember is that the insanity, that is the mental upset, is frequently regarded as a manifestation of some physical condition, in some cases understood, in more, I am sorry to say, we have not as yet been able to solve the problem. We do know that in certain individuals a definite series of causes is liable to produce a mental upset, or a physical condition expresses itself in a mental upset.

I cannot devote the time to an enumeration of the recognized forms of insanity, but I would say that about thirty forms, or groups, are now classified, some of which are very large and have numerous subdivisions. To indicate in a general way, some are due to gross changes in or injuries of the substance of the brain; some result from toxic material, as alcohol, opium, and other drugs, or the products of bacteria; again, some are associated with other nervous disease, as chorea, hysteria, epilepsy, and neurasthenia. One form, the manic-depressive, has two phases, one manifested by great physical and mental overactivity, that is maniacal excitement, the other by a depression with mental and physical retardation; frequently these phases alternate in the same patient. Sometimes the insanity is a disorder of the thought processes, leading to misinterpretations and false ideas, and without evidence of being accompanied by any physical disorder. In a large class there is a general mental enfeeblement, oftentimes with pronounced physical changes due to organic disease and frequently associated with senility. Others, again, may be the outcome of inherited or acquired constitutional states, rendering the subjects peculiarly susceptible to the upsetting influences of incidental physical or mental experiences presenting difficulties in adjustment which the normal person can overcome, but which here lead to mental breakdown.

You can see that routine treatment will not do in mental disease, but that each individual case must be dealt with according to its needs. It is in this field that the good mental nurse has the greatest opportunity for developing her personality, which she does by studying her patient's needs and peculiarities, thus individualizing the treatment and

trying to entertain and divert the diseased mind to normal, healthy channels. In the state hospitals this is frequently done by trying to interest the patient in some occupation or diversion. To this end we are developing the work along the usual industrial lines, and in addition have special classes in raffia and brass work, embroidery, and lace making, art work, water colors, and the like, folk dancing, singing games, calisthenics, and many other forms of diversion. The idea, as you will see, is to get the patient out of a rut, to break up the vicious circle of mental habits characterizing insanity in certain forms, and to prevent the introspection and brooding so common among the insane. This work, which is now being developed, is comparatively new, but enough has been accomplished to show that it has great possibilities for good. Following the acute stage in certain forms of insanity, we find a loss of memory, or a progressive indifference, carelessness, lack of control and judgment, which oftentimes rapidly becomes worse. This is known as deterioration or dementia, and it is to arrest this that we are now striving, by a process of re-education, as it were, to restore the mental activity sufficiently to enable the patient to live outside an institution, if that be possible, if not, at least to make her a more useful, contented, and happy member of the hospital community.

Here is nursing work of the highest character—an opportunity to be something more than the nurse has been heretofore, and to do more than we have ever been able to do for the insane. It is an opportunity for the nursing profession to enter a field of the broadest usefulness heretofore neglected that promises good results. The economic loss to the state resulting from confinement of the insane amounts to an enormous total and any reduction we can make by increasing the percentage discharged is well worth the effort.

It seems to me that the time has come when the nursing profession should accord the mental nurse the recognition that is her due, for her work is equally noble and self-sacrificing. If the leaders in nursing work will turn their attention to the problems connected with the care and treatment of the insane and help us to solve them, the nursing profession will be the better for it, the insane will reap great benefit, and a forward step for humanity will have been taken.

The old prejudice against the institution for the insane and the insane themselves dies hard, but gradually the public generally is coming to take a more normal interest in the insane and their care, and we hope, in time, people will turn as freely to the special hospital for mental troubles as they now do to the general hospital for their physical ills. This will be of great help to physicians in our special line in

that it will permit of much earlier treatment than is now possible in many cases where the patient is sent to the hospital only as a last resort.

Your profession should know more of the insane and their needs, so that you may help to mould public opinion along proper lines. It should be recognized that the insane man is a very sick person and is in need of help, not a weird, perhaps dangerous, individual to be hustled off to the hospital and forgotten as speedily as possible. The public should know that insanity is a condition calling for hospital treatment and careful nursing the same as any other disease, and that skilled physicians and nurses are ready to care for such patients. If nurses generally will do more to recognize the mental nurse as a fellow co-worker, and will consider the care of the insane from the nursing viewpoint as a legitimate field of activity, it will help in two ways. First, by encouraging more pupils of a superior class to apply to us for instruction. Second, by emphasizing to the public that the insane are truly under the care of nurses, and not "keepers" as generally supposed. If we can overcome the public distrust and dread of the insane and all connected with them, the way is opened for larger opportunities for good and better progress in the care and treatment of this unfortunate class.

In a number of institutions for the insane, most of the wards for men are in charge of women nurses and the results generally have been excellent. For the hospital and reception services, especially, women nurses are peculiarly adapted and have brought about greatly improved conditions. It is the custom, generally, to pay such women nurses the salaries men in the same positions receive. The moral and restraining effect on men patients is a powerful factor for good and the patients themselves frequently speak of it.

On the other hand, suitable men are admitted to the state hospital schools on equal terms with women, they receiving a special course in genito-urinary diseases in place of the work in obstetrics and gynecology. There is a place for men graduates in the institutions and there is a demand for them outside in private work. The same general remarks regarding living conditions and compensation would apply as for the women, though the item of compensation is probably more important in their case.

In this paper I have been able to develop nothing new, but if I have succeeded in drawing your attention to the situation with its opportunities and its needs, I shall be content, for I am sure that as soon as the nursing profession generally realizes the extent of the field

here, not yet provided for, prompt steps will be taken for relief. The medical profession also has heretofore been somewhat lax in teaching a proper knowledge of mental diseases to its students, as well as the nursing profession, but the trend of the times is for more thorough treatment of the subject.

There is another phase of the matter I have not touched upon here, that is the prevention of insanity. Just now this is engaging the attention of psychiatrists and philanthropic organizations and plans are being elaborated for the prosecution of the work. To accomplish what is needed will require many workers in different fields of activity and I am sure the nurses of the country will do their part, once the need is made plain to them. We have every reason to believe that prophylaxis will play as great a rôle in the field of mental diseases as in physical and that the skilled nurse will be as important a factor in one as she has been in the other. The field is new, however, and our progress for a time must be slow, for there is no past experience to guide us.

I therefore ask you to make a careful study of the needs of the insane from a nursing and social workers' standpoint, for the need of more efficient management exists and is daily becoming more evident. Whatever you may accomplish for the welfare of this class will add to your honorable record, as well as benefit humanity.

THE PRESIDENT.—This paper comes at an opportune time, as we have a Committee on Nursing of the Insane, and it seemed suitable that Dr. Mabon, who is an authority on this subject, should deliver this paper, by an outlining of the needs and possibilities. I am sure this body of women does not need to be convinced of the needs. I am quite sure they will co-operate and continue this work, which was taken up a few years ago under the direction of this Committee on the Nursing of the Insane. And I am sure we are all most grateful to Dr. Mabon for this splendid paper. Miss Cleland, of Providence, Rhode Island, will follow with a report.

MISS CLELAND.—At the Providence Hospital in Rhode Island we have, in the last year, started a special course of training. We require a two-year high school education in the applicants. Since starting the three-year course we have found it much easier to get applicants for our training school. We have a surgical clinic, they have work in the dispensaries, in the diet kitchen, in massage, and in the hydrotherapy treatment, which, of course, we use a great deal. Our text-books are the same as those of the general hospital and our nurses this year have started a club. The undergraduates have written papers and have in many ways been interested in doing everything they can to progress. I think the feeling exists in the general hospital training schools that they do not need our training, but I feel that in hospitals for nervous and mental cases the nurses are taught to observe accurately and are taught in every way to consider their patients, to interest them, not in just keeping their minds off

themselves, but by every other means that they can, so that the patients' progress will be rapid to recovery. I can only voice the sentiments of the paper that has already been read by Dr. Mabon in regard to the good nurses for our mental cases. We really need the very best nurses for that kind of work, and I feel that when we can have an interchange of nurses between the general and state hospitals that we can progress very much more rapidly than we have in the past.

During the spring and summer months our patients are kept out-of-doors, playing tennis, golf, and basket ball; and we take the classes in basketry, embroidery, and that sort of thing out-of-doors and have our patients keep busy out in the open air.

MRS. TICE.—I would like to ask Dr. Mabon if they give post-graduate work to supplement the work of other schools?

DR. MABON.—The King's Park State Hospital has recently undertaken post-graduate work and I think most state schools will eventually do the same.

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## CONCERNING OUR ETHICS

By HELEN SCOTT HAY

Chicago, Ill.

IN this paper I do not presume to offer a new code of professional ethics—a task as far above my finite powers as writing a Bible. I am not attempting to show you any easy path to right living; to present any new truths or to disguise old ones in epigrammatic dress. What I have to do is merely to emphasize a few facts that we know very well—that ethics is not a question of law but of living; of practice, not of precept; that the value of any ethical system is dependent not on moral rules but on moral qualities. Sets of rules never have made, never will make people ethical or law abiding. Every school, every city, every state has its laws that are recognized dead letters and which, however desirable their enactment *might* be, would better, because of their neglect, be done away with altogether. What we need, individually and collectively, is not a revised code or a new code, but some thoughtful consideration of our own ethical resources. I speak to all, the graduate from the small hospital and from the large one, the institutional worker and the nurse on private duty. For is there any one of us who in this regard would say with the Pharisee "Lord I thank Thee that I am not as other men are." Surely not! Whatever of honest effort, of conquered selfishness, of accomplished good, any of us may be able to claim, at best ours must be the publican's prayer "God be merciful to *me*, a sinner!" And as we know that in our ethical life we are faulty and inadequate, so also we know that the remedy for our defects lies not in the establishment of code but in the proper development of character.

Most of us have arrived at a time when we regret alike the few years of opportunity before us, and the years behind us that have in them so much less than they ought of beauty and usefulness. None of us doubtless have been leading butterfly existences, and there have been long, long weary days of work and care. But with all this how petty and selfish our motives oftentimes; how fault-finding and irritable; how little done of the vast opportunities that came to our hand; how much neglected that meant irretrievable loss to the school, the work, the individual, and to the shaping of our own characters. Lessons we had from the best of teachers, but we forgot them in our new responsibilities, or resented them with our new cares and annoyances. But because we know now that one way or another we have lost tremendously, we ought to be doubly zealous that the pupils of the present generation are safeguarded against these same distortions of character; that they are given in the lives of each of us the wholesome examples that shall inspire in them a high regard of their duties to themselves and to others. And to help to a little profitable introspection out of which shall come more thoughtfulness in our lives—for our own sakes, for the sakes of the younger people who are daily getting their life lessons from us—to make us think if only for a little on these things that are of so much virtue, this would indeed be the worthiest purpose I could covet for this paper.

In this brief survey I shall speak of three lessons that it seems to me need emphasizing with us. They set forth no new principles but they represent principles essential to a correct recognition of our duties, as a neglect of any or all of them means selfishness, injustice, wrongdoing, and all the deviations, great and small, that go with self-seeking, wilfulness, and conceit. Out of a knowledge of some of our most conspicuous faults and necessities I have chosen these three lessons as being essential to the correction of the defects themselves, important to our development, and, therefore, the things we would better talk about.

The first lesson I shall call the Lesson of Correct Discrimination—of correct valuation of things, the lesson that recognizes first, last, and all the time, that more important than order, or cleanliness, or technical skill, or our large ideas of how things ought to be, is the *good* of humanity. I am aware that the best of our teachers have always emphasized the importance of genuine sympathy in the equipment of the nurse. But equally true is it that one of the unfortunate first lessons that the new pupil learns is when she is permitted to straighten the ward at the cost of even one patient's comfort. The head nurse, ninety-nine times out of one hundred, would disclaim any but the most

kindly motives and intentions, but equally ninety-nine times out of one hundred her criticisms are directed toward the degree of order maintained, and not to the humane aspects of the case. And considering how impressionable we are in the first days of our training, need we be surprised to find that these first lessons are the ones that "stick," and that tremendously affect our attitude and action for many a long day? We do not need to enter into the trite argument as to whether good nursing technic is compatible with the broadest sympathies. That it is, we are agreed, to a man.

What we need to recognize and to emphasize in all our teaching is that, in spite of this self-evident truth, we are continually getting away from it in the value we place on the development of technical skill and the little relatively we teach and demand of qualities of the heart. We ought to exact much more largely of these heart qualities from the day the young woman comes to us, and we ought to make failures of heart at least of equal demerit with failures of bed-making and class work. Late and early we should teach the beauty of service; the development of character when helping those who need help becomes the first motive of our lives. Lessons these that, once a part of us, make response to patients' necessities and even to their whims more immediately important than needed "discipline" or tidy beds or outgrown traditions. Lessons that everywhere make us more immediately responsive and useful and that best of all enlarge our own natures, and increase immeasurably the possibilities of good within us. Neglect of the lesson of right discrimination, with the resulting callousness and selfishness, is responsible for many of the lamentable but justifiable criticisms that are continually made against the nurse in hospital and private duty. How many of our shortcomings are based on our desire to have things our own way, rather than to be most genuinely helpful. How emphatic what we *will* do and what we *won't* do, regardless of where we are needed most. What is worth while receives short shrift as we magnify to abnormal dimensions our personal grievances against everything that comes within our professional horizon, from the directory that always sends us to the wrong kind of a case, to the nurse who comes to assist us and whose inexperience and ignorance, even, we manage as with everything else to twist into a personal affront. How many truly excellent women by thus making much of the things that are not worth while, by the reiteration of annoyances that would much better be forgotten, are daily losing sight of the higher motives that alone should actuate them, as they are losing their equanimity and cheerfulness, and with these their mastery of circumstances. As

the individual loses by the neglect of this desirable virtue the profession loses no less, and we continue weak and culpable where we ought to be strongest and most efficient.

The second lesson that we need to keep in mind is the lesson of magnanimity. Perhaps the words high-mindedness, generosity, forbearance, may help to convey my meaning. It is that principle of right action that makes our own and not another's acts the standard for our measurement; the recognition that in considering the ethical value of our own acts we have no need or occasion to take into account the ethical standards of others. But this is a hard lesson to learn and to heed. Continually the first impulse is to absolve ourselves of blame; continually our defence is sought by contumely of the other person. Have you known nurses who *never* acquired the true spirit of forbearance with the sick and aged? of sick people who were severely "disciplined" or even discharged from hospital care because they were insolent to nurse or physician? Did you ever know nurses who persisted in construing the incoherent utterances of the insane or delirious, or the irresponsible accusations of old persons as intended insults, to be dealt with accordingly, and who were still tolerated in their schools in spite of their resentful and vindictive manner? Where lay the blame? Certainly not with the sick one, and infinitely less with the nurse than with her teachers who, at the critical period of her development, were overlooking her moral necessities. Absorbed in the praiseworthy task of holding her up to a high standard in practice and theory, they were failing to hold her to those severe exactions of herself, and to that degree of forbearance toward others, that discussed in the tranquil atmosphere of this meeting we all recognize as most essential to a suitable strengthening of one's ethical nature. From experience like this in the early days of training is it any thing but natural that later the nurse should seek for a solution of all her difficulties not in the just arraignment of herself, but in the satisfying condemnation of others. In my world the question that I must settle is not how much Doctor A. or Mrs. B. or the newest probationer is to blame for this trouble, but how much am *I* at fault? Have I from the first to last been as tactful, as just, as generous as I ought to have been? It helps me not at all discovering and continually commenting on the fact that this person is unreasonable in his demands, that that one seeks to usurp my authority, that my pay is too small and my work too heavy, that the conditions of living to which my private duty experiences force me are shockingly inadequate. The measure of *me* is dependent on myself—not on conditions or acts apart.

“I am the master of my fate;  
I am the captain of my soul,”

in the vicissitudes of nursing as much as in any conditions of life.

The first lesson, that of right discrimination, gets me into a correct attitude toward my work, toward those whom I serve. The second lesson, the lesson of magnanimity, puts me in a correct attitude toward myself, aids me in realizing my personal responsibility; the fact that in all this big world of being and action there is just one thing that is tremendously important to me and that is what *I* am and what *I* do. And when I have learned the lesson that no one needs my blame and criticism half so much as I do myself; that vindication is not my special prerogative and that generosity is better than gratification of self, then another important part of my duties becomes plain and unmistakable. I have no need of referring to rules, for the compelling power to right action is within me, the guiding spirit of magnanimity.

The third lesson is the lesson of unremitting helpfulness; not merely to do of two things that which counts most for humanity's sake, but actively to seek to be helpful; to hunt up ways of being serviceable. The first lesson has taught me wherein lie my greatest opportunities; the second lesson has taught my responsibility for myself and my actions. It is this third lesson that determines what I do and how I do; whether I shall merely acquit myself of those responsibilities incidental to my position as private duty or institutional nurse and that are plainly mine to do, or whether I shall seek out *every* opportunity to do for another that which is kindly and helpful, however small the thing may be, however much considerations of myself seem to argue against it. Then the question with us busy people becomes not “Have I time for this or that?” but “Will it help anyone if I do it?” To be never too busy to write the friendly letter to the disheartened fellow-worker; out of our own troubles to give sympathy to those heavy hearts who need us; never too busy to listen to complaints and to demonstrate the importance of kindlier methods; never too busy to give to the stranger nurse within our gates the lesson of cheerful helpfulness that will in turn make her more responsive and more helpful. Never too busy—or too annoyed—to give the exact information concerning the good nurse who has left us for another school. Never too busy to do our part in whatever counts for the betterment of our profession, or for the good of humanity. Of course, there is apt to be much asked of us that seems when we

do it to receive small thanks. But is the influence of any willing service ever lost? I believe the example of the busy person who always *has time* and who always graciously *takes time* to be kind and helpful to every one means an influence of incalculable value with the younger women. Do you say this is idle talk that, carried into practice with women already near the point of breaking, would mean overwork, nothing short of suicidal? In answer to this objection that constitutes another important problem I would ask: are we most the victims of work or of worry? Are we overworked most by reason of the immensity of our tasks or by lack of system and concentration? In any case is it compatible with the true spirit of helpfulness that we constantly mar our influence by selfish consideration? True service must put self in the background. Few of us will break in consequence. With the desired development of this helpful side of our natures the burdens in our Superintendents' Society, in our state and local associations, disappear, for each member appreciates her duty to give of herself, not merely to take. Whatever talent the Lord has given each seeks by an honest and earnest effort to increase it as much as may be against the day when she must account for her stewardship. How much the lack of this helpful spirit is responsible for the thousand and one things in which we are handicapped in our work and compromised as a profession. How much of foolish pride and petty jealousy and secretiveness that at every turn thwart us. Can we estimate the immense benefit it would mean to *all*, not only to our profession, but to the world, if we, a rapidly increasing body of earnest efficient workers, were always willing to be genuinely helpful? And invariably in helping others we should find the greatest gains were our own after all.

Have I exaggerated to you concerning some of our weaknesses or needs? Are we consistently manifesting every day these qualities of correct judgment, of forbearance, of helpfulness, or are these qualities of relatively minor importance? Are we to the full extent of our duty aiding toward the suitable development of these or other virtues in our pupils, that the ethics of the future shall take on a new strength and beauty because they are being *lived* every day and are but the natural expression of the well-rounded character of the good nurse and the good woman? In our consideration of the nurse's broader and more thorough training surely these questions of ethical development must be given a first and most important place. The text in this preachment comes last—the most sublimely beautiful expression of

this theme and taken from the most perfect system of ethics the world has ever known; just a sentence, but it embodies the whole philosophy of right living: "Thou shalt love thy neighbor as thyself."

THE PRESIDENT.—It certainly seems to me that Miss Hay has presented this subject of ethics in a most masterly fashion; and the one thing, it seems to me, that she has emphasized through all that paper more than anything else, is the spirit of mutual helpfulness, finding the good in people rather than finding the evil in them, and always with a hopeful outlook. Now I am sure there is some one here who will have a word or two to say in regard to her own point of view.

MISS DOCK.—I would like to say two words on this one point of practical ethics. I want to say that I hope that this association of nurses will never get to the point where it draws the color line against our negro sister nurses, who are our sisters of the human race and are our coworkers in our profession. In the early days, when we were small, this line was never drawn. I often used to say to other people, "There is one association that has never drawn the color line, and that is the nurses." Now as we get bigger and are spreading all over the country I have seen evidences that made me think that this cruel and unchristian and unethical prejudice might creep in here in our association. We should on no account follow the cruel prejudices of men, whose tendency is toward destructiveness. Woman's place is to show how the world can be made a sweeter and pleasanter place; and I do hope that in this one human problem, in dealing with the question of the negro race in America, that there, especially, we nurses will exercise and simply practise that one simple rule, to treat them as we would like to be treated ourselves.

THE PRESIDENT.—If there is no further discussion of this subject I will call on Miss Maxwell to give us an account of the Florence Nightingale celebration. Some of you, I am sorry, were not able to be there, and you will be much interested in Miss Maxwell's account of it.

MISS MAXWELL.—The valuable exhibit which you saw of Miss Nightingale's work and pictures at the Teachers College has been gathered together by Miss Samuel, who was the chairman of that committee. The invitations, the history, the programs, and all that part of the work were done especially by Miss Nutting, and I think she has won a wonderful result, getting so much that was interesting for us to carry away with us.

I thought possibly you might like to know how we have been able to bear the expense of all this printing and postage, and the decorations in the hall, etc. The Superintendents' Society has given \$350; the Associated Alumnae voted \$125. The other expenses have been met by the liberal contributions of the training-school committees of Greater New York and by private individuals who have given most liberally for the work. Every one has spoken most cordially regarding their gifts, that it gave them great pleasure to do this.

THE PRESIDENT.—It seems very fitting at this fiftieth anniversary of the establishment of training schools, that we honor Florence Nightingale; and it seems infinitely more fitting that at this same time we honor one of our own members who has done such splendid work for nurses, and whose loss has carried with it a certain amount of sadness through all of these meetings. I have to report that the preliminary committee on the memorial or some testimonial,

whatever form it may take, for Mrs. Robb, which was appointed according to your instructions, has appointed a permanent committee as follows: Miss Riddle, Miss Dock, Miss McIsaac, Miss Palmer, Miss Delano. This committee has already met with the permanent committee of the Superintendents' Society and, has requested Miss Dock to present the subject from the standpoint both of the Associated Alumnae and the Superintendents' Society.

MISS DOCK.—I understand that the members of this joint committee of the Superintendents and the Associated Alumnae have met and have appointed a chairman for at least the coming year. You will all be glad to know that Miss Hay, of the Illinois Training School, has consented to act as chairman of this committee. The committee talked over the form and outlined what might be most fit for a memorial to Mrs. Robb, and this is what they wanted to present to you. They think that the memorial should be of a human and living nature, and they recommend the establishment of a large fund, which should be not less than \$50,000 to bestow scholarships upon nurses who wish to prepare themselves for special lines of training and education—post-graduate work, naturally, I mean—and they suggest that these scholarships need not necessarily be fixed or attached to any one educational institution; but that, for instance, if there should be in the east or in the west or in the south some especially good educational institution where special post-graduate work was given, which nurses of that locality would like to attend and where they will take the course, that then the scholarship might be bestowed upon such women to go to the particular place that they prefer to go to; only, of course, no one would get the scholarship to take training in a poor school. The propriety and the standing of the educational institution for which the scholarship would be given would be a matter of decision for the central committee. The committee, to-day, thought that this would be best managed probably in the way we manage so much work, by carrying it to the state associations, and through the state associations having it carried down to the individual schools, individual groups, individual women nurses; and they lay these suggestions before you for your consideration.

THE PRESIDENT.—It seems to me that the first question which we should settle is to determine the wish of the society in regard to the memorial, then later we can take up the best form for this memorial to take.

MISS NUTTING.—I am very glad to move that this body associate itself in a body for the purpose of establishing a worthy memorial to our late member, Mrs. Isabel Hampton Robb.

(The motion was seconded by Miss Parsons.)

THE PRESIDENT.—The motion is made and seconded that we establish such a memorial fund. Is there any discussion?

(The question was called for, put to a vote, and carried.)

THE PRESIDENT.—Now the question is in regard to the form which this memorial shall take. What shall we have? Will some one make a motion in regard to the form of this memorial? I can understand perfectly your silence, because it seems such a tremendous undertaking. May I ask Miss Cooke to take the chair, for I would like to speak for a moment on this.

MISS DELANO.—It seems to me that a scholarship fund is the thing that would have appealed to Mrs. Robb more than almost anything else. I have always believed that when the need for this particular course at Teachers Col-

lege developed, there would be no difficulty in the way of provision for the course. I think, myself, that the work during the past year has quite demonstrated this fact. The demand for the course, the development of the course, has brought to-day the beginning of a splendid endowment. We want to bring women to this course of study, and the time when a woman should come is following her graduation. She is then accustomed to study, she is filled with her first ambitions, and will benefit more by this course then than at any other time. But with that comes the dire necessity with the most of us when we first graduate of going out into the world and making a way for ourselves. A few hundred dollars at this particular time may make it possible for a woman to take a course either here or wherever she may desire. The beauty of such a scholarship fund is that we can begin to use the interest at once. This would be available for graduates fifty years from now as in our own time. This phase of it appeals to me particularly and I could not resist the temptation of saying it.

(The President resumed the chair.)

MISS COOKE.—MADAM CHAIRMAN: I move that the endowment take the form of a scholarship fund.

MISS NUTTING.—When the memorial to Mrs. Robb was first presented I naturally thought the first thing—for Mrs. Robb was interested in a good many things—of the matter of a chair distinctly for a teacher of nurses, for a department in which a nurse should be prepared for her work, the chair to be, as it were, governed by a board of nurses and the appointments made from them. Later experience has shown me that it is not always easy to govern matters in any institution and that there is sometimes no certainty how matters will take shape after they arrive there. I still believe that a chair would be a very excellent thing, but within the last two hours, since the matter of the scholarship has been presented, I am quite certain that a scholarship fund is one which Mrs. Robb would herself like better. Interested as she was in a chair, I am sure she would like better to know that eight or ten nurses should have profited by some enlarged opportunity for education. Because I have said so much about the chair, before I stop I want the opportunity of telling you that I really think the later decision is very much better. And also do I heartily agree with the suggestion that the benefits of that fund or offer should not be limited to any one institution or locality, but that if any one wanted to go to Teachers College where there is something of moment, they can go there and it might help them; but as Miss Delano suggests, and as Miss Dock suggested, perhaps we may see our fund open up in various parts of the country. So I could not keep silent without adding my appeal to those already presented that this take the larger and more immediate effect than a chair.

THE PRESIDENT.—The motion is before the house that this memorial take the form of a scholarship fund to be known as the Isabel Hampton Robb Fund. Carried.

The following subscriptions were then pledged to the Isabel Hampton Robb Memorial Fund:

|                                                   |          |
|---------------------------------------------------|----------|
| Anna Maxwell, pledged to be responsible for ..... | \$100.00 |
| Jane A. Delano .....                              | 10.00    |
| Dorothea M. MacDonald .....                       | 25.00    |
| N. L. Dorsey .....                                | 5.00     |

|                                                     |        |
|-----------------------------------------------------|--------|
| Miss Johnson, Louisville .....                      | \$5.00 |
| Marie L. Lustnauer .....                            | 10.00  |
| Eliza Bond Gray .....                               | 5.00   |
| Penelope Gray .....                                 | 5.00   |
| Mrs. John Luther Moyer.....                         | 25.00  |
| Mrs. Wm. W. Schloss.....                            | 25.00  |
| Elizabeth Tuttle .....                              | 5.00   |
| Regine White .....                                  | 5.00   |
| M. E. Wadley .....                                  | 10.00  |
| Miss Doe .....                                      | 5.00   |
| Minnie Rogers .....                                 | 5.00   |
| Mae D. Currie .....                                 | 1.00   |
| Harriet J. Fisher .....                             | 5.00   |
| Mary C. Stewart .....                               | 25.00  |
| E. McKnight .....                                   | 10.00  |
| N. Cadmus .....                                     | 10.00  |
| E. M. Ambrose .....                                 | 25.00  |
| Mrs. B. Gray .....                                  | 10.00  |
| Helen Wright .....                                  | 10.00  |
| Margaret A. Bewley .....                            | 10.00  |
| Janet Gordon Grant .....                            | 10.00  |
| M. A. Gartel .....                                  | 5.00   |
| Mary E. Buckley .....                               | 25.00  |
| Bena M. Henderson .....                             | 25.00  |
| Woman's Hospital of Philadelphia.....               | 25.00  |
| Roosevelt Alumnae .....                             | 100.00 |
| L. Perkins .....                                    | 5.00   |
| Laura Kreer .....                                   | 5.00   |
| St. Louis Training School.....                      | 10.00  |
| Nancy Ellicot .....                                 | 5.00   |
| E. G. Fournier .....                                | 5.00   |
| Anna Rein .....                                     | 1.00   |
| German Hospital Alumnae of New York.....            | 25.00  |
| Rose M. Heaven .....                                | 5.00   |
| Hope Hospital Alumnae .....                         | 30.00  |
| Connecticut State Association .....                 | 100.00 |
| Hartford Hospital Alumnae .....                     | 25.00  |
| Elizabeth Gatzman .....                             | 10.00  |
| Marie A. Pless .....                                | 2.00   |
| Charlotte Ehrlicher .....                           | 5.00   |
| Julia Stimson .....                                 | 2.00   |
| M. A. Gorter .....                                  | 5.00   |
| Mercy Hospital Alumnae of Baltimore.....            | 10.00  |
| Jefferson County Graduates' Club of Louisville..... | 25.00  |
| E. Cuthbertson .....                                | 5.00   |
| Emily M. Gent .....                                 | 25.00  |
| Brooklyn Hospital Alumnae .....                     | 25.00  |
| Jewish Hospital, Cincinnati .....                   | 10.00  |
| Moses Taylor Alumnae .....                          | 25.00  |

|                                                  |         |
|--------------------------------------------------|---------|
| John Norton Memorial Alumnæ .....                | \$25.00 |
| Hahnemann Hospital Alumnæ of Chicago.....        | 100.00  |
| Kentucky State Nurses' Association.....          | 50.00   |
| University of Pennsylvania Alumnæ.....           | 25.00   |
| Indiana State Nurses' Association.....           | 25.00   |
| Visiting Nurses, Chicago .....                   | 25.00   |
| Battle Creek Sanitarium Alumnæ.....              | 50.00   |
| Nebraska State Association .....                 | 100.00  |
| M. Helena MacMillan .....                        | 25.00   |
| St. Luke's Hospital Alumnæ of New York.....      | 100.00  |
| Rhode Island Hospital Alumnæ.....                | 25.00   |
| Boston City Hospital Alumnæ.....                 | 50.00   |
| Miss E. M. Ambrose will be responsible for.....  | 100.00  |
| Miss A. D. Van Kirk will be responsible for..... | 100.00  |
| Miss N. Cadmus will be responsible for.....      | 100.00  |
| Genevieve Cooke .....                            | 9.00    |

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Total.....\$1815.00

The California State Nurses' Association will contribute, but will wait until after its annual meeting.

The Illinois Training School Alumnæ is planning to dispense with its annual banquet for this year, giving the amount to the Memorial Fund instead .....

300.00

Miss Emily Gent will be responsible for raising.....

100.00

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Total.....\$2215.00

Subscriptions pledged toward the purchase fund of the AMERICAN JOURNAL OF NURSING:

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| Minneapolis City Hospital Alumnæ.....                              | \$15.00 |
| Graduate Nurses' Association House of Mercy, Pittsfield, Mass..... | 10.00   |
| Northwestern Hospital Alumnæ .....                                 | 10.00   |
| Hahnemann Hospital Alumnæ, Philadelphia.....                       | 10.00   |
| Graduate Nurses' Association of Lafayette.....                     | 10.00   |
| North Adams Alumnæ .....                                           | 5.00    |
| Grace Hospital Alumnæ, Detroit .....                               | 15.00   |
| Indiana State Nurses' Association.....                             | 50.00   |
| Individual Members of Indiana Association.....                     | 8.50    |
| Wilkes-Barre City Hospital Alumnæ.....                             | 5.00    |
| Margaret A. Pepon .....                                            | 5.00    |
| Faxton Alumnæ Association .....                                    | 10.00   |
| Medico-Chirurgical Alumnæ .....                                    | 10.00   |
| Washington State Nurses' Association .....                         | 50.00   |
| M. A. Gartel .....                                                 | 5.00    |
| Hennepin County Graduate Nurses' Association.....                  | 25.00   |
| Massachusetts State Nurses' Association.....                       | 100.00  |
| Helen Warburton .....                                              | 5.00    |

|                                                         |          |
|---------------------------------------------------------|----------|
| St. Luke's Alumnae, Chicago .....                       | \$100.00 |
| Methodist Episcopal, Philadelphia .....                 | 10.00    |
| Pennsylvania Hospital Alumnae .....                     | 25.00    |
| Bellevue Graduates .....                                | 50.00    |
| "Proposed Local Association of Nurses" of Richmond..... | 10.00    |
| <hr/>                                                   |          |
| Total.....                                              | \$543.50 |

Discussion on re-organization resumed.

Miss Parsons moved that we recommend to the Committee on Revision, that names to be placed on official nominating blank receive at least ten endorsements. Carried.

Miss Toupet moved that the meetings be open to all persons who wish to attend. Carried.

MEMBER FROM NEW HAMPSHIRE.—I move that the state associations remain as at present, affiliated, with one vote.

MISS COOKE.—At one of our committee meetings we discussed the plan of one representative for a given number in membership in the state associations, in a way similar to the way the alumnae associations are represented.

A MEMBER.—A great many members of alumnae associations are members of the state association, and we are members twice over already. Would not that complicate matters, if you give them more than that one vote that they have in the state association? Wouldn't it be voted over again?

THE PRESIDENT.—Our associations are so tremendously complicated with the work of the alumnae and the state associations and all kinds of conditions that we must try to work it out so that it may seem fair to everybody; then after we have the opinion and desire of the majority we must all put our shoulders to the wheel and see if we cannot make it a success.

MISS McISAAC.—It cannot be any more complicated than it is now; and I ask any fair-minded person here if it is right that New York, with thousands of graduate nurses in the association, should not have any more votes than Oklahoma, with probably twenty.

MISS RHODES.—I would like to say that we are not responsible for the size of our state any more than we are for the cut of our faces. Naturally New York is larger than Oklahoma, but should not we as a state have one vote until we have the thing so organized that the local associations come in through the state associations to the Associated Alumnae? Each state stands by itself.

MISS DEWITT.—Let's put it the other way around. Is it fair that Oklahoma, with perhaps thirty members, should pay as high dues as New York, with thousands?

MISS CADMUS.—Another question, is it fair to our states that the larger number of our members should be treated on the same basis as the smaller number? What I mean is this: the vote for each Alumnae Association is governed by its membership. The individual members in alumnae associations cannot send out one vote.

THE PRESIDENT.—We would like an expression of opinion. I believe in saying now what we have to say and then when the decision is reached, forever after hold our peace.

A MEMBER.—I represent New Hampshire. New Hampshire is a small state. We come here with only one vote and we vote on an important question, something that is intensely interesting, our President says, is an important subject. We have only one vote. New York is a large state. New York has one vote. You have probably a thousand members; we have only about one hundred and fifty; and we are paying just as much for our annual dues as New York state and we are entitled to just one vote and so is New York. The question should be settled fairly and we should receive equal benefit.

MISS SEIDENSTICKER.—It seems to me that this resolves itself into a question of representation according to numbers, just exactly as we elect our President of the United States, by our population and not by individual states. New York puts more votes in for President of the United States than New Jersey does. Why should not we in our organization follow those same tactics?

MISS WILCOX.—New York has many more alumnae associations than any other state. She sends her delegates through the alumnae associations which makes her look much larger than any other state. This matter was well discussed several years ago. It was then decided that each state association should have only one vote, the larger states being better represented by their alumnae associations.

MISS HILLIARD.—In speaking along political lines, it is assumed that the votes are not represented politically; and in this we vote as alumnae members, as county members, and as individual members; and it would seem to me to multiply the number of votes very materially and cause a very unfair advantage in the smaller places. It seems to me that ought to be considered.

MISS SLY.—MADAM PRESIDENT: I move that this question be referred to the committee with the recommendations which you have given and it will be reported upon next year at the convention for final adoption. Carried.

THE PRESIDENT.—It is recommended that the dues be graded for state associations; that for an association consisting of 75 or less, the dues be \$7.50; 75 to 100 members, \$10.00, and so on in the same proportion.

Miss Hilliard moved that this be referred, with the other questions, to the committee for consideration. Carried.

THE PRESIDENT.—Another question has been raised, regarding the interpretation of the by-law covering permanent members with a vote. This was considered at a meeting of the Executive Committee, and decided that the ruling might be "that members attending three consecutive meetings might vote at the third meeting, and not be obliged to attend a fourth one before voting."

MISS RIDDLE.—May I recur to a matter of history? When this paragraph was framed it was discussed just as it is to-day, and it was understood at that time that if a member was sent as a delegate and then came twice in succession, thereafter she would be considered a permanent member and entitled to vote at the close of that third session.

THE PRESIDENT.—In the past few years, we have allowed our secretary an honorary salary of \$100.00. Now I would like the authority of this convention given to the Executive Committee to increase this, or if you wish, state what the increase shall be.

MISS RHODES.—I move that the Executive Committee be empowered to increase this.

(The motion was seconded, put to a vote, and carried.)

THE PRESIDENT.—Now the question of the inter-state secretary is before you. There is no provision in the Constitution or By-Laws for this office, so it will be necessary for this to come from the floor; nominations for inter-state secretary are in order.

Miss McIsaac was nominated and elected unanimously as inter-state secretary.

THE PRESIDENT.—In planning out the work for the inter-state secretary, Miss McIsaac, I wish to remind you that while we wish we were in a position to pledge all the expenses in connection with the work, it will be impossible to do more than provide for the salary, but I feel perfectly certain that if we plan a trip so that the distances between places are not too great, that the societies wishing to have some one address them, will be very willing to defray the travelling expenses. Even though Miss McIsaac's work is mostly by correspondence, and this demand for her presence is not as great as we hope it will be, still we feel sure it is an experiment well worth trying.

#### REPORT OF ELECTION

President, Jane A. Delano, Washington, D. C.; vice-presidents, Helen Scott Hay, Chicago, Lucy Fisher, San Francisco; secretary, Agnes G. Deans, Detroit; treasurer, Mrs. C. V. Twiss, New York City; inter-state secretary, Isabel McIsaac, Benton Harbor, Mich.; directors: Isabel McIsaac, Benton Harbor, Mich., Anna C. Maxwell, New York City.

Miss DEWITT.—I would like to offer an expression of appreciation and vote of thanks to our retiring treasurer, Miss Davids, who has done such excellent work for us for so long a time.

THE PRESIDENT.—And may I, as the outgoing president, and the incoming president also, express my appreciation of the most friendly and delightful co-operation which I have received from Miss Davids. I want to tell you what a joy this past year has been to me, sometimes mixed with a little worry, but a real pleasure. And I am grateful for the help, the co-operation, and the inspiration I have obtained from the officers with whom I have been privileged to work—and I do consider it a real privilege—but whatever we have been able to do, or whatever we may hope to do this coming year, I cannot tell you how deeply I feel that it has been the work of all the officers, and that we have worked together. My only hope is that during the coming year I may serve you better than I have this. I think it takes about a year to learn the requirements of this association. But whether I do that or not I certainly shall try, and I must ask you from all parts of the country who are here to-day to carry back to your association the inspiration you have obtained from the meetings. It is very important that if we are to accomplish anything we must do it by working together. Our strength is not in the amount of money we are able to raise; but in our numbers and in the thing for which we stand. Now let us this year make up our minds as never before that we will work as one body of women, and no matter where we meet each other, let us feel that we are real friends and live up to the suggestions which Miss Hay presented to us so beautifully this afternoon. I thank you for the honor of being your president.

## REPORT OF THE COMMITTEE ON RESOLUTIONS

The Committee on Resolutions has prepared and begs to present the following resolutions:

*Resolved*, That the Nurses' Associated Alumnae of the United States extends its most grateful and appreciative thanks to Dean Russell of Teachers College.

To those who so kindly assisted in our instruction and entertainment at the Horace Mann Auditorium.

To the Committee of the Training Schools of Greater New York, to Miss Samuel, and to all individuals whose subscriptions and kindly help made possible the magnificent Florence Nightingale Exhibit, and the never-to-be-forgotten commemoration exercises.

*Resolved*, That we express our deep sense of obligation and warm thanks to the New York State Nurses' Association, the New York County Nurses' Association, and the Alumnae Associations of Greater New York for the cordial welcome and unflinching efforts to promote our welfare, comfort, and pleasure, also to the Reverend Henry Sloane Coffin for his invocation of the Divine blessing upon our assemblage, to Dr. Sigismond Goldwater for his inspiring address of welcome, to Miss Sara C. Tomlinson and Dr. Samuel Zwemer for their earnest and impressive appeals in behalf of the foreign missionary service, to Mr. Henry Griscom Parsons for his kindness in giving us an insight into "Garden work as a factor in the mental and physical development of the child," to Dr. Marion A. Mead and Dr. William Mabon for their interesting and instructive addresses.

To Miss Hitchcock, to the Board of Managers of the Bellevue, and to the Co-operative Committee of the Central Club House for Nurses for their gracious hospitality.

To Mrs. H. O. Havemeyer for her thoughtful kindness and courtesy in throwing open to us her wonderful Art Collection.

To Miss Maxwell and her able committee for their tireless efforts and perfect arrangements, whereby the business of the association has been expeditiously conducted and the success of the convention assured.

To the officers of the association who have so painstakingly conducted our meetings, and to all members who have prepared papers for our pleasure and instruction, our warm and sincere thanks are due.

*Resolved*, That in the death of our member, Mrs. Isabel Hampton Robb, the Nurses' Associated Alumnae has sustained a great and incalculable loss. To attempt to estimate what she has done for the uplift of her profession, what she has given in unselfish and unrelenting service, what she has accomplished through her insight into difficult problems, would be as futile as the wish to do so, is earnest. In all large movements where breadth of vision and intellectual grasp were needed she was foremost. The enduring quality of many of these undertakings, and the devotion and loyalty she inspired in those who worked with her, are her best monuments, among which may be mentioned the organizing of the Illinois Training School for Nurses, the Training School for Nurses in connection with Johns Hopkins Hospital, the Society of Superintendents of Training Schools, and the Nurses' Associated Alumnae of the United States, and the founding of the Hospital Economics Course at Teachers College, Columbia University.

*Be it further Resolved*, That these resolutions be incorporated in the minutes of our association and a copy be sent to her husband, Dr. Hunter Robb.

*Resolved*, That in the death of Miss Elizabeth Upjohn, superintendent of the Out-Patient Department, Boston Consumptive's Hospital, we have lost a beloved and valued member, both to this association and to our profession, as well as a progressive and inspiring leader in the anti-tuberculosis campaign.

Respectfully submitted,  
A. C. HARTRIDGE,  
IDA F. GILES,  
ADA PHELAN,  
Committee.

It was moved that the next annual meeting be held in Boston. Carried.

It was moved that a letter of thanks be sent to St. Louis and Chicago for their kind invitations to hold the meeting in these cities.

The meeting adjourned, to meet in Boston, in 1911.

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### ANNOUNCEMENT OF THE INTER-STATE SECRETARY

THE work of the inter-state or field secretary is still an untried undertaking and like all new work will probably be characterized by more or less blundering until it has been worked out by experience.

The first request came from Minnesota, and the secretary will begin at the state meeting in St. Paul, October 11. It is obvious that unless the plans of the states are concerted, the expense will be unnecessarily great. As stated in the editorial pages of the July JOURNAL, the travelling expenses must be met by the societies requesting appointments, therefore, *the more numerous the requests, the less the expense to individual societies*. The inter-state secretary would, therefore, suggest that the states west of the Mississippi would ask for appointments between October 1 and December 20, and the states east of the Mississippi, between January 2 and April 1.

To still further avoid unnecessary expenditure, it is thought that from October 1 to the middle of November might be given to the northern half of the western states, on the outward journey, and the southern half of the western states from the middle of November until December 20, on the return journey.

All requests for October meetings should be in by the first day of September; all requests for November and December should be in by October 1, and all requests for the winter months should be in by December 20, as it will be almost impossible to make changes and new appointments *en route*.

While the inter-state secretary has been appointed by national organizations, it is the design to lend her aid not only to state societies, but to local alumnae associations, to graduate nurses' clubs, and to pupil nurses in the schools, who will shortly swell our ranks; in short, to help and advise in every possible way any group of nurses which is struggling to better nursing affairs, either local or general, and ultimately to strengthen our bonds until we are capable of doing great things for our profession.

Address all communications to

ISABEL McISAAC, Inter-State Secretary,  
Benton Harbor, Michigan.